

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L17000262962**

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
COSMIC LEAF LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

FILED  
17 DEC 27 AM 8:38  
SECRETARY OF STATE  
ATLANTA, FL 31333

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 28 2017

K. Brumbley

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** COSMIC LEAF LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATERINA GARAVITO

Name of Person

COSMIC LEAF LLC

Firm/Company

22509 MIDDLETOWN DR

Address

BOCA RATON, FL 33428

City/State and Zip Code

katerinagaravito@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATERINA GARAVITO

561

929-1624

at ( )

Name of Person

Area Code

Daytime Telephone Number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COSMIC LEAF LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

22509 MIDDLETOWN DR  
BOCA RATON, FL 33428

SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

KATERINA GARAVITO

Name

22509 MIDDLETOWN DR

Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON

FL

33428

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE  
ALL AMASSEE, FL 09117

17 DEC 27 AM 8:36

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR/MGR

**Name and Address:**

KATERINA GARAVITO

22509 MIDDLETOWN DR

BOCA RATON, FL 33428

(Use attachment if necessary)

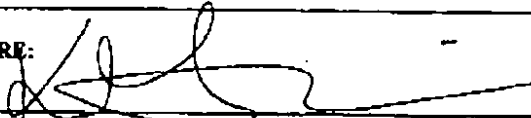
**ARTICLE V:** Effective date, if other than the date of filing: 01/01/2018 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

KATERINA GARAVITO

Typed or printed name of signer