

L18000/68295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

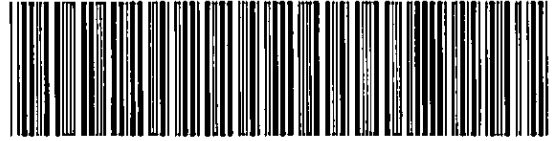
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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18 JUL -6 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W18-29736

D O'KEEFE

JUL 12 2018

EKS Cocoa Beach LLC  
516 Delannoy Ave  
Cocoa, FL 32922

June 26, 2018

Daniel O'Keefe  
Florida Dept of State  
Div. of Corps  
PO Box 6327  
Tallahassee, FL 32314

Re: Letter 918A00006206  
W18000029736

Dear Daniel,

Per our phone conversation on 4/13/18, I've emailed and sent a previous letter pertaining the application received but not processed due to non-payment for EKS Cocoa Beach, LLC. Please see the enclosed copy of the cleared check along with supporting documentation for the application.

Hopefully, this will clear receipt of payment and the application can be processed.

Thank you for your time and cooperation.

Sincerely,



Lori Picos/Accounting Dept  
EKS Cocoa Beach, LLC  
321-632-4141

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2018

LORI PICOS  
516 DELANNOY AVE.  
COCOA, FL

SUBJECT: EKS COCOA BEACH, LLC  
Ref. Number: W18000029736

We have received your document for EKS COCOA BEACH, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

No payment was received. Please send \$125.00 so that your application for a limited liability company can be processed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 918A00006206

RECEIVED

2018 JUL -6 PM 1:52

DIVISIONS  
COMMERCIAL  
SERVICES



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TALLAHASSEE, FLORIDA



COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: EKS Cocoa Beach, 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:

Lori Picos  
Name of Person

EKS, Inc.  
Firm/Company

516 Delannoy Ave.  
Address

Cocoa, FL  
City/State and Zip Code

lorip@eksdevelopment.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Picos at ( 321 ) 632-4141  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EKS Cocoa Beach, 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:

516 Delannoy Ave.  
Cocoa, FL 32922

Mailing Address:

516 Delannoy Ave.  
Cocoa, FL 32922

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:

J. Cole Oliver

Name

516 Delannoy Ave

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

Cocoa      FL      32922

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)

18 JUL -6 PM 3:41  
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FALLAHASSEE, FLORIDA.

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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

**Name and Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MGR

EKS, Inc.

516 Delannoy Ave

Cocoa, FL 32922

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.

J. Cole Oliver

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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