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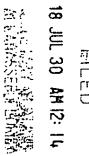
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Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Commox LLC Name of L	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:	
Andrzej Kmiecik	Name of Person	
	. value of verson	
Commox LLC	Firm/Company	
6722 Arching Branch	<u>Cir</u> Address	
lacksonville, FL 32258	3 City/State and Zip Code	<del></del>
andysuperengineer@ E-mail address: (to be use	yahoo.com ed for future annual report notifica	ation)
For further information concerning this matter, plea	ase call:	
Andrzej Kmiecik at ( Name of Person	224 ) 238-9978 Area Code Daytime Telepho	one Number
Enclosed is a check for the following amount:		
\$125.00 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	Street Address	18 18

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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					ble statutory filing requirements, this date will

ARTICLE IV-