

# L19000153875

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

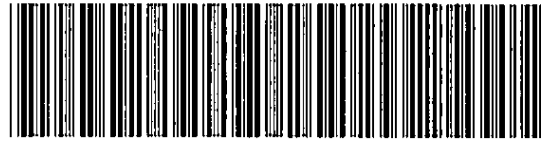
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800329930428

05/30/19--01013--003 \*\*160.00

FILED  
19 JUN 19 13:10:03  
SEATTLE, WA  
TALLAHASSEE, FLORIDA

N CULLIGAN

JUN 20 2019

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Oba Koso Botanica  
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:

Daniel Joseph Viger

Name of Person

Oba Koso Botanica

Firm/Company

509 NW 23rd street

Address

Cape Coral/Florida 33993

City/State and Zip Code

Obakosobotanica@aol.com

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

For further information concerning this matter, please call:

Daniel J. Viger 239 673-4050  
Name of Person at (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

7 3 307 14 PM 12:03



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 11, 2019

DANIEL JOSEPH VIGER  
509 NW 23RD STREET  
CAPE CORAL, FL 33993

SUBJECT: OBA KOSO BOTANCIA LLC  
Ref. Number: W19000055536

We have received your document for OBA KOSO BOTANCIA LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 719A00011675

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Oha Koso Botanica 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:

509 NW 23rd street

Cape Coral, Florida

33993

509 NW 23rd street

Cape Coral, Florida

33993

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:

Daniel Joseph Viger

Name

509 NW 23rd street

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

Cape Coral

Florida

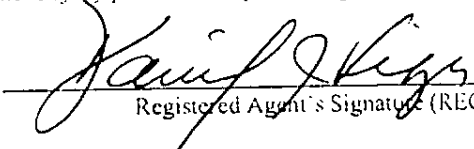
33993

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)

FILED  
19 JUN 19 13:10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Name and Address:

Daniel Joseph Viger

509 NW 23rd street

Cape Coral, Florida, 33993

MGR

Francisco Molina

509 NW 23rd street

Cape Coral, Florida, 33993

(Use attachment if necessary)

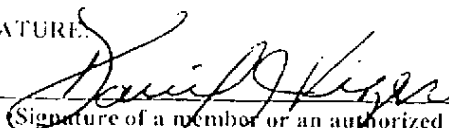
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.17.155, F.S.

Daniel Joseph Viger

Typed or printed name of signer

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)

FILED  
19 JUN 19 5:10 PM '03  
SERIALIZED  
FALLAHS-LEE, HONOR