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Office Use Only

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : I2000000195

REFERENCE :

n 5156901 1874-57 ena

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : February 20, 2020

ORDER TIME : 2:29 PM

ORDER NO. : 187157-005

CUSTOMER NO: 5156901

DOMESTIC FILING

NAME: COSAIR MANAGEMENT LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

COSAIR MANAGEMENT LLC

(Must conatin 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:
33 East 33rd Street, Suite 901	33 East 33rd Street, Suite 901
New York, NY 10016	New York, NY 10016

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:

Corporation Service	Company	
	Name	
1201 Hays Street		
Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)
Tallahassee	<u>FL</u>	32301
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 period as registered agent as provided for in Chapter 605, F.S.,

Corporation	
	Registered Agent's Signature (REQUIRED)
	U Janet Budhu, Asst. Vice President

(CONTINUED)

2020 FEU 20 Pi, 2: ----S. Cr

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ARTICLE IV-

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

Name and Address:

Title:

MGR	GRAHAM JONES 33 East 33rd Street, Suite 90;		

(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,

REOUIRED SIGNATURE:

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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, 1 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.

GRAHAM JONES

Typed or printed name of signee

Eiling Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)