

L20000134845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

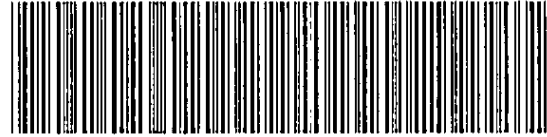
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/26/20--01001---007 **125.00

RECEIVED
2020 MAY 22 PM 4:16
OFFICE OF THE
CLERK OF THE
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FILED
2020 MAY 22 AM 11:24
OFFICE OF THE
CLERK OF THE
COURT

MAY 26 2020

K Brumley

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. FOREVER OBA LLC

Corporation Name)

Document #

☒ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Good Standing

NEW FILINGS

AMMENDMENTS

☐ Profit

☐ Amendment

☐ Not for Profit

☐ Resignation of R.A. Officer/Director

☒ Limited Liability

☐ Change of Registered Agent

☐ Domestication

☐ Dissolution/Withdrawal

☐ Other

☐ Merger

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

☐ Annual Report

☐ Foreign

☐ Fictitious Name

☐ Limited Partnership

☐ APOSTIL

☐ Reinstatement

☐ Trademark

☐ Other

COUNTRY

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT: FOREXTER OBA LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

3701 JACKSON ST UNIT 204

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

INCFILINGS@GMAIL.COM

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

For further information concerning this matter, please call.

Name of Person

702

Area Code

5140014

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name.

The name of the limited liability company is:

COKE VEEBAX LLC

Attest, entered in the records of the State of Florida.

ARTICLE II - Address.

The mailing address and principal office address of the limited liability company is:

Principal Office Address:

Mailing Address:

7701 JACKSON ST UNIT 204
HOLLYWOOD FL 33021

7701 JACKSON ST UNIT 204
HOLLYWOOD FL 33021

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 to be its Registered Agent.

My name is _____, and I am the Registered Agent for:

MARTORBA

Name

7701 JACKSON ST UNIT 204

Registered Address (P.O. Box 5011 acceptable)

HOLLYWOOD

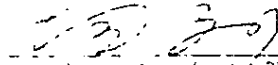
FL

33021

City

Zip

I, the undersigned, being a qualified agent, and duly sworn, do hereby certify that the above stated limited liability company is the duly organized entity under the laws of the State of Florida, and I am qualified to act as registered agent and agree to act as the registered agent for the company. I agree to be responsible to the people and to complete performance of my duties and to maintain a valid and correct registration of the limited liability company as provided by the Statutes of Florida.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2020 MAY 22 AM 11:24
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

Name and Address:

MGR

MARIOBA

3701 JACKSON ST UNIT 204

HOLLYWOOD, FL 33021

MGR

TAMRAT MASON

3701 JACKSON ST UNIT 204

HOLLYWOOD, FL 33021

(Use attachment if necessary)

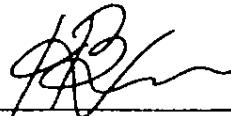
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL.)

(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.

Kevin Barua

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)