

L2-0000212215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

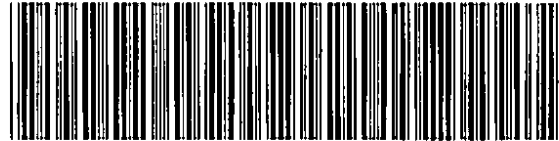
(Business Entity Name)

(Document Number)

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

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07/07/20 01041--010 \*\*160.00

200347271052  
07/07/20 01041--010

Derrick T.

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RICK COBB SPEAKER PARTS, LLC

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

Please return all correspondence concerning this matter to the following:

RICKIE A. COBB  
1044 LIGHTFOOT ROAD  
WIMAUMA, FLORIDA 33598  
E-mail address (to be used for future annual report notification): rcobb@tampabay.rr.com

For further information concerning this matter, please call:

RICKIE A. COBB at (813) 663-4898

Enclosed is a check for the following amount: \$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/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
The Center of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF ORGANIZATION  
OF  
RICK COBB SPEAKER PARTS, LLC**

**ARTICLE I – NAME**

The name of the limited liability company is RICK COBB SPEAKER PARTS, LLC.  
("company").

**ARTICLE II – ADDRESS**

The mailing address and street address of the principal office of the Limited Liability  
Company is:

Principal Office Address:  
1044 Lightfoot Road  
Wimauma, Florida 33598

Mailing Address:  
1044 Lightfoot Road  
Wimauma, Florida 33598

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

RICKIE A. COBB  
1044 LIGHTFOOT ROAD  
WIMAUMA, FLORIDA 33598

*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.*

  
\_\_\_\_\_  
RICKIE A. COBB

**ARTICLE IV - MANAGERS OR MEMBERS**

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

AMBR

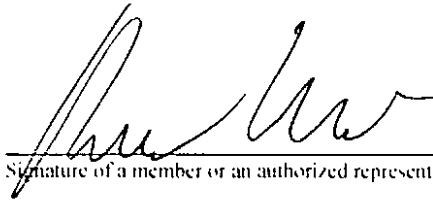
Name and Address:

RICKIE A. COBB  
1044 LIGHTFOOT ROAD  
WIMAUMA, FLORIDA 33598

ARTICLE V – EFFECTIVE DATE

The effective date for this Limited Liability Company shall be June 24, 2020.

**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.

RICKIE A. COBB

\_\_\_\_\_  
Typed or printed name of signer