L20000 340652

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

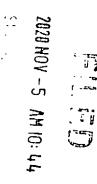


800354724658

11/05/20--01901--018 **130.00

RECEIVED
2020 NOV -5 PM 2: 43

C RICO NOV 0 5 2020



17 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 50) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222 S JOE LLC Art of Inc. File______ LTD Partnership File_____ Foreign Corp. File_____ L.C. File Fictitious Name File_____ Trade/Service Mark_____ Merger File_____ Art, of Amend, File_____ RA Resignation____ Dissolution / Withdrawal_____ Annual Report / Reinstatement_____ Cert. Copy_____ Photo Copy_____ Certificate of Good Standing_____ Certificate of Status_____ Certificate of Fictitious Name_____ Corp Record Search_____ Officer Search_____ Fictitious Search____ Fictitious Owner Search____ Signature Vehicle Search_____ Driving Record_____ Requested by: BA UCC 1 or 3 File_____ 11/04 UCC 11 Search_____ Name Time Date UCC 11 Retrieval____

Courier____

CAPITAL CONNECTION, INC.

Will Pick Up

Walk-In

COVER LETTER

	New Filing Solvision of C							
SHIP IF	T.	COS JOE LLC						
SOBJEC	Name of Limited Liability Company							
The encle	osed Articles o	of Organization and fee(s) a	re submitted fo	r filing.				
Please re	turn all corresp	oondence concerning this n	natter to the foll	owing:				
		IRVING	WEISSELBER	GER				
			Name of Pe	rson				
	<u> </u>	DRAGON	FLY INVEST	MENTS LLC				
			Firm/Comp	any				
		48 E FLAGLER ST PI						
			Address					
		Miami, FL 33131						
			City/State and Z	ip Code				
		IRVING@DRAGONFL						
		E-mail address: (to be used	for future annu	ial report notificat	ion)			
For further:	information co	oncerning this matter, pleas	e call:					
	IRVING W	EISSELBERGER at (05	319-0662				
	Nan	ne of Person A	rea Code I	Daytime Telephon	e Number			
Enclosed i	s a check for t	he following amount:						
□\$125.00) Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	Certified C	Filing Fee & Copy opy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	<u>Mailin</u>	g Address		eet Address				
		iling Section		Filing Section Di				
		on of Corporations ox 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					
	Tallahassee, FL 32314			Tallahassee, FL 32303				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liab	ility Company is:				
	COS JOE LLC				
(Must co	natin the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Li	mited Liability Company is	s:	
<u>Princ</u>	Principal Office Address:		Mailing Address:		
	48 E FLAGLER ST PH 104 MIAMI, FL 33131			1 104	
The name and the Florida stree	-	I agent are: R Marbin			
	E.van	Name		_	
	48 E FLAGLER ST PH 104				
	Florida street address (P.O. Box NOT acceptable)			-	
	MIAMI, I	•	<u> </u>		
	City	State	Zip	-	
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the o	e, I hereby accept the apportance of all statutes re	ointment as reg dating to the p	gistered agent and agree to c coper and complete perform	act in this capacity. I nance of my duties, and	
		ın Marbin			
	Registe	ered Agent's S	ignature (REQUIRED)		
		(CONTINU	ED)		

2870 NOV -5 AH 10: 44

ARTICLE IV-

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

IIIICI	Name and Address:	
"AMBR" = Authorized Me	ber	
"MGR" = Manager	Lucius Moninia	
<u> MGR</u>	Jason Morjain	
	48 E Flagler St Ph 104 Miami, FL 33131	
	<u>Mianii, FL 33131</u>	
MCD	I. ' W'	
MGR	Irving Weisselberger	
	48 E Flagler St Ph 104 Miami, FL 33131	
	Whath, 1 to 35151	
(Use attachment if necessary		
(Ose attachment if necessar		
RTICLE V: Effective date, if other	an the date of filing: (OPTIONAL)	
f an effective date is listed, the date	must be specific and cannot be more than five business days prior to or 90 days a	fter
e date of filing.)		
	does not meet the applicable statutory filing requirements, this date will not be list	ed as
ne document's effective date on the	epartment of State's records.	
RTICLE VI: Other provisions, if an		
	·	
REQUIRED SIGNATURE		
	A second	
	Car Sum.	
Signa	re of a member or an authorized representative of a member.	
This docum	at 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.

Irving Weisselberger

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)

2828 HOY -5 AM 10: 44