Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : COGENCY GLOBAL, INC.

Account Number : 120000000088 Phone : (800)221-0102

Fax Number : (800)944-6607

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:							

FLORIDA LIMITED LIABILITY CO. Drubner Equities Capital, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

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February 4, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COGENCY GLOBAL, INC.

SUBJECT: DRUBNER EQUITIES CAPITAL, LLC

REF: W21000012186

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

Tammi Cline FAX Aud. #: H21000047753

Regulatory Specialist II Supervisor Letter Number: 821A00002549

To:

Tallahassee, FL 32314

COVER LETTER

	lew Filing Section Division of Corporations			
cup IF C	DRUBNER EQUITIES CAPITA	AL, LLC		
SUBJECT	Name o	f Limited Liab	lity Company	
The enclos	sed Articles of Organization and fee	s) are submitte	d for filing.	
Please rett	ım all correspondence concerning th	is matter to the	following:	
	KATHLEEN PAUL, CORPORA	TE PARALEG	AL	
		Name (of Person	
	DUFFY & SWEENEY, LTD.			
		Firm/C	Company	
	321 SOUTH MAIN STREET, SU	IITE 400	-	
		Ad	iress	
	PROVIDENCE, RI 02903			
		City/State	and Zip Code	
	kpaul@duffysweeney.com F-mail address: (to be	used for future	annual report notificati	on)
For further	information concerning this matter,			•
	KATHLEEN PAUL	401 at (457-1807	
	Name of Person	`	Daytime Telephon	e Number
Enclosed	is a check for the following amount:			
	0 Filing Fee S130.00 Filing F Certificate of State	ee & 🗆\$ is Cert	55.00 Filing Fee & filed Copy onal copy is enclosed)	☐\$160.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre	issec

Tallahassee, FL 32303

Fax: (850) 617-6381

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DRUBNER EQUITIES CAPITAL, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE 11 - Address:

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

Principal Office Address:

Malling Address:

19245 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 19245 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109

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:

COGENCY GLOBAL, INC.

Name

115 NORTH CALHOUN STREET, SUITE 4

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

 TALLAHASSEE
 FL
 32301

 City
 State
 Zip

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 Austition as pegittered agent as provided for in Chapter 605, F.S.

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

S 5.00 Certificate of Status (Optional)

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îitle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	DAVID DRUBNER
AMDK	19245 FISHER ISLAND DRIVE
	FISHER ISLAND, FL 33109
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EV: Effective date, if other than the cefive date is listed, the date must be	date of filing:
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