

Division of Corporations

**L21000042882 61581**

Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : WOOD, BUCKEL AND CARMICHAEL, PLLC  
Account Number : I20170000051  
Phone : (239)552-4100  
Fax Number : (239)263-7922

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

Email Address: TLH@WBC.LAWYERS.COM

**FLORIDA LIMITED LIABILITY CO.**  
**Cowger Family Enterprises, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04 5
Estimated Charge	\$155.00

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Corporate Filing Menu

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February 10, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

WOOD, BUCKEL AND CARMICHAEL, PLLC (2ND LETTER)

SUBJECT: COWGER FAMILY ENTERPRISES, LLC  
REF: W21000010742

TALLAHASSEE, FLORIDA

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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.

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Matthew T Moon

FAX Aud. #: H21000042882

Regulatory Specialist II Supervisor

Letter Number: 021A00002323

New Filing Section

(((H21000042882 3)))

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Cowger Family Enterprises, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Carmichael, Esq.

\_\_\_\_\_  
Name of Person

Wood, Buckel and Carmichael, PLLC

\_\_\_\_\_  
Firm/Company

2150 Goodlette Road North, Sixth Floor

\_\_\_\_\_  
Address

Naples, FL 341012

\_\_\_\_\_  
City/State and Zip Code

JLH@WBCLAWYERS.COM

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

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2021 FEB 12 AM 8:18  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kevin Carmichael

239

552-4100

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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

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(((H21000042882 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Cowger Family Enterprises, LLC

(Must contain 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:5344 Barefoot Bay CourtBonita Springs, FL 341345344 Barefoot Bay CourtBonita Springs, FL 34134

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Wood, Buckel and Carmichael, PLLC

Name

2150 Goodlette Road North, Sixth FloorFlorida street address (P.O. Box NOT acceptable)NaplesFL34102

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 position as registered agent as provided for in Chapter 605, F.S..

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FILED  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

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**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:**AMBR
Gary D. Cowger  
5344 Barefoot Bay Court  
Bonita Springs, FL 34134

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 CLERK OF COURT  
 FLORIDA

(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.
Gary D. Cowger

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)