

L21000063358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

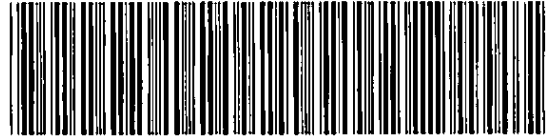
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

Office Use Only



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2021 FEB 15 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

02/15/21--01002--000--175.00



2021 FEB 15 PM 3:45

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 2/15 Glinda

**xx** **CERTIFIED COPY**

☐ **PHOTOCOPY**

☐ **CUS**

**xx** **FILING**

LLC

1. COHESIVE FUSION, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED

Articles of Organization  
For  
Cohesive Fusion, LLC  
Florida Limited Liability Company

2021 FEB 15 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I - Name:**

The name of the Limited Liability Company is Cohesive Fusion, LLC

**ARTICLE II - Address:**

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

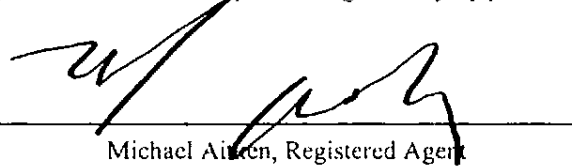
608 Lost Key Dr., #502C  
Pensacola, FL 32507

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Michael Aitken  
608 Lost Key Dr., #502C  
Pensacola, FL 32507

*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.*



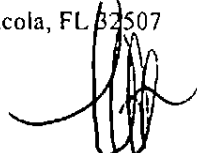
Michael Aitken, Registered Agent

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Michael Aitken  
608 Lost Key Dr., #502C  
Pensacola, FL 32507

Reed Morrison  
608 Lost Key Dr., #502C  
Pensacola, FL 32507



Carri Brown, Organizer