

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

210001462713

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

From:
Account Name : MCNEESE LAW FIRM
Account Number : I20190000070
Phone : (850)337-4208
Fax Number : (850)337-4243

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

Email Address: justin@foreverdestinbeachrentals.com

FLORIDA LIMITED LIABILITY CO.

Cocobolo Holdings, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



April 14, 2021

From:

MCNEESE LAW FIRM

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: COCOBOLO HOLDINGS, LLC
REF: W21000050077

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.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

There is a line that runs down the center of each page.

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 DIRECTOR FAX Aud. #: H21000146271
Regulatory Specialist II Supervisor Letter Number: 521A00007651

RECEIVED
APR 22 2021
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2021 APR 22 AM 10:21
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: COCOBOLO HOLDINGS, 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:

JUSTIN SHANE

Name of Person

Firm/Company

551 COCOBOLO DR.

Address

SANTA ROSA BEACH, FL 32459

City/State and Zip Code

JUSTIN@FOREVERDESTINBEACHRENTALS.COM

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

For further information concerning this matter, please call:

JUSTIN SHANE

850

586-6642

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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2021 APR 22 AM 10:21
TALLAHASSEE DIVISION

(H21000146271 3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COCOBOLO HOLDINGS, 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:551 COCOBOLO DR.
SANTA ROSA BEACH, FL 32459Mailing Address:551 COCOBOLO DR.
SANTA ROSA BEACH, FL 32459

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:

RICHARD S. MCNEESE

Name

36468 EMERALD COAST PKWY., SUITE 1201Florida street address (P.O. Box NOT acceptable)DESTINFL32541

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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ALL AHASSEE, 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

JUSTIN SHANE
551 COCOBOLO DR.
SANTA ROSA BEACH, FL 32459

AMBR

YANA MORGAN
551 COCOBOLO DR.
SANTA ROSA BEACH FL 32459

(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.

ANY LAWFUL PURPOSE

REQUIRED SIGNATURE:

Richard A. McKeen
 a member of an authorized representative of a member.

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.

RICHARD S. McNEESE

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)

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