

L21000507948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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07/16/21--01020--003 \*\*150.00

2021 0-1 PM 3:00

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Cozy Living Properties LLC

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

Dear Sir or Madam:

The enclosed Articles of Domestication **of a Non-U.S. Entity** and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alicia Francis

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

Cozy Living Properties LLC

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

401 East Jackson Street (SunTrust Financial Center), Suite 2340

\_\_\_\_\_  
Address

Tampa, FL 33602

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

admin@cozylivingproperties.net

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

For further information concerning this matter, please call:

Alicia Francis

at ( 321 ) 3267268

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

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

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Domestication: \$25  
Articles of Organization: \$125  
Total to Domesticate and file: \$150



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2021

ALICIA FRANCIS  
401 E JACKSON ST STE 2340  
TAMPA, FL 33602

SUBJECT: COZY LIVING PROPERTIES LLC  
Ref. Number: W21000103119

We have received your document for COZY LIVING PROPERTIES LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorrect form was submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 121A00016840

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

**Articles of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:

Cozy Living Properties LLC  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of New Jersey, USA

(Enter state, or if a non-U.S. entity, the name of the country)

on 04/19/2020

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

Cozy Living Properties LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: \_\_\_\_\_

(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)

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.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

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Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2020 \_\_\_\_\_

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative Alicia Francis  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signatures on behalf of Other Business Entity: (See below for required signature(s))

Signature Alicia Francis  
Printed Name Alicia Francis Title CEO

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director or Officer

If Directors or Officers have not been selected, an incorporator must sign

If Florida General Partnership or Limited Liability Partnership:

Signature of one Partner or Partner

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signature of ALL General Partners

All others:

Signature of authorized person

Fees:

Articles of Incorporation	\$25.00
Fees for Florida Articles of Organization	\$225.00
Certified Copy	\$40.00 (per page)
Certificate of Status	\$2.00 (per page)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Covy Living Properties LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

401 East Jackson Street (SunTrust Financial Center)

Suite 2340

Tampa, FL 33602

**Mailing Address:**

401 East Jackson Street

(SunTrust Financial Center), Suite 2340

Tampa, FL 33602

**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:

Northwest Registered Agent LLC

Name

7901 4th St N STE 300

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

St. Petersburg

City

FL

33702

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)

**ARTICLE IV-**

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

Title:

"AMBR" - Authorized Member

"MGR" = Manager

MGR

Name and Address:

Alicia Francis

401 East Jackson Street (San Luis Financial Center),

Suite 2340, Tampa, FL 33602

(Use attachment if necessary)

ARTICLE V: Other provisions, if any

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**REQUIRED SIGNATURE:**

Alicia Francis

**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 § 817.155, F.S.

Alicia Francis

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)