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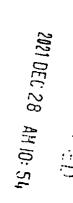
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



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SECRETARY OF STATE

## CORPORATE ACCESS, \_

INC.

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	CUP:	12/28/2021	<del>-</del>		
ХХ	CERTIFIED COPY					
	РНОТОСОРУ					
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xx	FILING	LLC	.,	·		
	COSAT TENNIS, LLC					
	(CORPORATE NAME AND DOCUM	MENT #)	1	<del>-</del>		
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	(CORPORATE NAME AND DOCUM					

#### **COVER LETTER**

TO:	New Filing Section Division of Corporations						
SUBJE	CT: COSAT TENNIS, LLC						
2000	Name of Limited Liability Company						
The enc	closed Articles of Organization and	fee(s) are submit	ted for filing.				
Please r	eturn all correspondence concerning	g this matter to th	ne following:				
	Christine M. Nuccio						
	<u></u>	Name	of Person	-			
	Armstrong Teasdale LLP						
		Firm	Company	<del></del>			
	7700 Forsyth Blvd., Suite 1800	ı					
		A	idress				
	St. Louis, MO 63105						
	cnuccio@atllp.com	City/State	and Zip Code				
		be used for futu:	re annual report notifica	ution)			
For furthe	er information concerning this matte	r. please call:					
	Christine M. Nuccio	314 at (	259-4749				
	Name of Person	Area Code	Daytime Telepho	ne Number			
Enclose	d is a check for the following amour	ıt:					
□\$125.	.00 Filing Fee	atus Cer	155.00 Filing Fee & tified Copy onal 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 E The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	hassee eet, Suite 810			

DocuSign Envelope ID: CB10F955-7E9E-4889-B1D0-FD2BC4123898

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

A	RT	ICI	F	I - Name:

The name of the Limited Liability Company is:

2021 DEC 28 PM 3: 10

SECRETARY OF STATE TALLAHASSEE, FL

COSAT TENNIS, LLC

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

A	RT	CL	FI	11 _	Add	ress.

<u>Principal</u>	Office Address:		Mailing Address:	
1200 Ponce de Leon B	lvd., Suite 1403	120	1200 Ponce de Leon Blvd., Suite 1403	
Coral Gables, FL 33134			Coral Gables, FL 33134	
business entity with an act	ive Florida registration		You must designate an individual of	
·	•	on.)		
·	dress of the registered	on.)		
·	dress of the registered	on.) d agent are: Name		
business entity with an act	dress of the registered	on.) d agent are:  Name  Blvd., Suite 1403		
·	dress of the registered Marbely Meza  1200 Ponce de Leon	on.) d agent are:  Name  Blvd., Suite 1403		

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..

Markely Meya

BOBBRATCUT SEEDO:
Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Camilo Lopez 1200 Ponce de Leon Blvd., Suite 1403 Coral Gables, FL 33134
MGR	Jorge Escobar 1200 Ponce de Leon Blvd., Suite 1403 Coral Gables, FL 33134
	SECRETALLA
<del></del>	EC 28 PH 3: 10 ETGTY OF STAT LAHASSEE, FL
(Use attachment if necessary)	te of filing: (OPTIONAL)
(If an effective date is listed, the date must be s the date of filing.)	specific and cannot be more than five business days prior to or 90 days after  t meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE by:	
This document is exec	nember or an authorized representative of a member.  suited in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State

Typed or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Jorge Escobar, Manager

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)