

L22000120077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

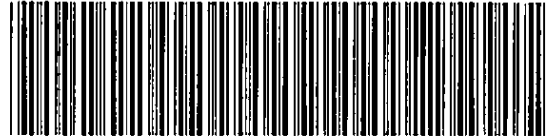
(Business Entity Name)

(Document Number)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

415 Kosek, LLC

Signature _____

Requested by: _____

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
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____ Annual Report / Reinstatement _____
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____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

ARTICLES OF ORGANIZATION

FOR

415 KOSEK, LLC

ARTICLE I - NAME

The name of the limited liability company **415 KOSEK, LLC**.

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the company is **415 COMMERCIAL COURT, SUITE B, VENICE, FLORIDA 34292**.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND
REGISTERED AGENT'S SIGNATURE**

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

**DAVID J. KOSEK, DMD PH.D
415 COMMERCIAL COURT, SUITE B
VENICE, FLORIDA 34292**

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 the Florida Statutes.

DocuSigned by:

David J. Kosek

DAVID J. KOSEK, DMD PH.D

ARTICLE IV - MANAGEMENT

The business and affairs of the limited liability company shall be managed by:

**DAVID J. KOSEK, DMD PH.D
415 COMMERCIAL COURT, SUITE B
VENICE, FLORIDA 34292**

The manager is:

**DAVID J. KOSEK, DMD PH.D
415 COMMERCIAL COURT, SUITE B
VENICE, FLORIDA 34292**

ARTICLE V — LIMITATION ON AGENCY AUTHORITY OF MEMBERS:

No member of the company shall be an agent of the company solely by virtue of being a member.

Dated: 3/22/2022

DocuSigned by:
David J. Kosek
DAVID J. KOSEK, DMD PH.D

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TALLAHASSEE, FL