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Division of Corporations

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Account Name : HOMSI LAW, P.A.
Account Number : I20190000004
Phone : (407)377-5507
Fax Number : (407)377-5967

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

Email Address: William@Homsilaw.com

**FLORIDA LIMITED LIABILITY CO.
CODECORNERAPPS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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22 JUL 26 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
CODECORNERAPPS LLC**

ARTICLE I

The name of the Limited Liability Company is:

CODECORNERAPPS LLC

ARTICLE II

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

3500 POSNER BLVD., #1229
DAVENPORT, FLORIDA 33837

The mailing address of the Limited Liability Company is:

3500 POSNER BLVD., #1229
DAVENPORT, FLORIDA 33837

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS PURPOSE.

ARTICLE IV

The Articles of Organization shall be effective immediately when filed with the Secretary of State of Florida.

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22 JUL 26 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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HOMSI LAW, P.A.

Mailing Address
8815 Conroy-Windermere Road, #402
Orlando, Florida 32835
(407) 377-5507
www.HomsiLaw.com

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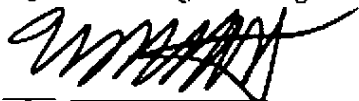
ARTICLE V

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

HOMSI LAW, P.A.
8815 CONROY-WINDERMERE ROAD
#402
ORLANDO, FLORIDA 32835

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.

Signature of Registered Agent:



William M. Homs, President

The Members hereby delegate the management of the LLC to Manager(s).
The name and address of persons(s) authorized to manage the LLC:

Operating Manager: MARK DAVID ROBINSON

Address of the Managers and Officers being the same as the Principal Address of the LLC.

Signature of an Authorized Representative:



William M. Homs, Esq.

I am an authorized representative of the members submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain active status.