

L22000416173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

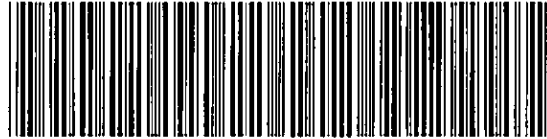
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM

SEP 27 2022

FILED

2022 SEP 23 AM 11:47

FILED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 26 PM 3:27



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2022 SEP 26 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 25, 2022

COGENCY GLOBAL INC.

SUBJECT: POCIDA COURT LLC
Ref. Number: W22000121817

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

Please ensure the person's authorized to manage the company must have a title.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 222A00021343

COVER LETTER

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

SUBJECT: Pocida Court 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:

Maria Kenigsberg
Name of Person
Chuhak & Teeson, P.C.
Firm/Company
120 S. Riverside Plaza, Suite 1700
Address
Chicago, Illinois 60606
City/State and Zip Code
mkenigsberg@chuhak.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Kenigsberg 312 855-5442
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 09/26/2022

Name: Greg Pintacuda

Reference #: 1790439

Entity Name: POCIDA COURT LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other APON FILING PLEASE PROVIDED CERTIFIED COPY

Authorized Amount: \$155

Signature: [Signature]



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
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☒ Other APON FILING PLEASE PROVIDED CERTIFIED COPY

Authorized Amount: \$155

Signature: 

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pocida Court 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:

Mailing Address:

9536 Montelanico Loop

Naples, Florida 34119

9536 Montelanico Loop

Naples, Florida 34119

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:

Jeffry Kreamer

Name

9536 Montelanico Loop

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

Naples

Florida

34119

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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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

Jeffrey Kreame
9536 Montelanico Loop
Naples, Florida 34119

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DIVISION OF CORPORATIONS

(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.

REQUIRED SIGNATURE:



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.

Jeffry Kreame

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)