

U23900104484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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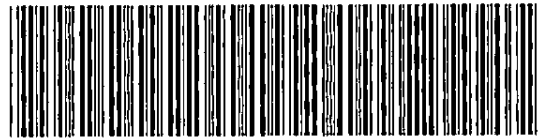
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2023.11.14 10:17:00

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## COVER LETTER

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

**SUBJECT:** Collagen Cowboys LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Michael T. DeRosimo

(Contact Person)

(Firm/Company)

7519 Briarbay Loop

(Address)

Lakeland, Florida 33810

(City, State and Zip Code)

meatyitalian27@aol.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Michael T. DeRosimo

(Name of Contact Person)

at ( 863 )

(Area Code)

838-1922

(Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)

☐ \$155.00 Filing Fees  
and Certificate of  
Status

☐ \$180.00 Filing Fees  
and Certified Copy

☐ \$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

**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

## Affidavit

STATE OF FLORIDA  
COUNTY OF POLK

The undersigned, MICHAEL T. DEROSIMO, being first duly sworn, do hereby state under oath and under penalty of perjury that the following facts are true:

1. I am over the age of 18 and am a resident of the State of Florida. I have personal knowledge of the facts herein, and, if called as a witness, could testify completely thereto.
2. I suffer no legal disabilities and have personal knowledge of the facts set forth below.
3. I wish to release Collagen Cowboys Inc. name and Transferred to Collagen Cowboys LLC. which was rejected filing document W23000002072
4. \_\_\_\_\_

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this 10 day of February, 2023.

Michael T. DeRosimo  
Michael T. DeRosimo

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Collagen Cowboys 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:

7519 Briarbay Loop

Lakeland, Fl. 33810

#### Mailing Address:

7519 Briarbay Loop

Lakeland, Fl. 33810

### 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:

Michael T. DeRosimo

Name

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

Lakeland

FL 33810

City

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..*

Michael T. DeRosimo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 JUN 14 10:00 AM

**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:**

Michael T. DeRosimo

7519 Briarbay Loop

Lakeland, Florida 33810

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2023

(Use attachment if necessary)

**ARTICLE V: Other provisions, if any:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Michael T. DeRosimo

**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.

Michael T. DeRosimo

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)**