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# Illrida Department of State Division of cornorations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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Email Address: phyllicoh@comcast.net

# FLORIDA LIMITED LIABILITY CO.

#### 41 W. Cobia Run, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help



(((H240001381843))):

#### COVER LETTER

TO: New Filing S Division of C	Section Corporations		•	!	
SUBJECT:	41 W.	COBIA RUN	, LLC		
	Name of Lir	nited Liabilit	y Company		
The enclosed Articles	of Organization and fee(s) ar	e submitted t	for filing.		
Please return all corre	spondence concerning this m	atter to the fo	ollowing:		
		Phyllis Co	hen		
• -		Name of I	Person		<del></del>
				,	
		Firm/Con	npany		<del></del>
	:	50 South Bat	tery Place		
		Addre	SS		
	A	tlanta, GA 3	0342		
		City/State and hyllicoh@co	=		
	E-mail address: (to be used			on) · ·	202 <b>4</b>
For further information	concerning this matter, pleas	e call:			2024 Arn 16
P	hyllis Cohen at (	770	617-6047	.*	<del>-</del>
· N		rea Code	Daytime Telephone	Number	<u> </u>
Enclosed is a check fo	r the following amount:			1	0: 29:
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	□\$160.00 Filir Certificate of S Certified Copy (additional copy i	tatus &
	lling Address v Filing Section		Street Address New Filing Section Di	vision	F -

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

### (((H24000138184 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			•	•
The name of the Limited Liabi	lity Company is:			
•				1
		. COBIA RU		
. (Must co	ntain the words "Limited Li	ability Compa	my, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street	address of the principal offi	ice of the Lim	ited Liability Company is:	
Princ	ipal Office Address:		Mailing Ad	dress:
41 W. Cobia Run		<u></u>	50 South Battery Place	
Inlet Beach, FL 32	461	<del></del>	Atlanta, GA 30342	
		_		
ARTICLE III - Registered A	gent, Registered Office, &	Registered A	Agent's Signature:	•
(The Limited Liability Comparanother business entity with an	ny cannot serve as its own R	egistered Age	nt. You must designate an i	ndividual or
anomer ousiness entity with a	n active Florida registration.	,		•
The name and the Florida street	at address of the registered a	gent are:		
	Ric	hard S. McN	PPSP	
,	<del></del>	Name		
	26460 E	السلام معمد الأسام	(5	
	Florida street address (		way, Suite 1201	
	•		_ <i>•</i>	
	Destin	FL	32459	:
	City	State	Zip	, , ,
Having been named as registere	d agent and to accept service	of process for	r the above stated limited lid	bility company at the
place designated in this certifica	te, I hereby accept the appoin	ntment as regi	stered agent and agree to a	It in this capacity. $I$
further agree to comply with the am familiar with and accept the	provisions of all stanues rela obligations of my position as	ung to the pro registered ag	oper ana complete performa ent as provided for in Chapt	nce of my duties, and ter 605. F.S.
,	h.	,	17/11	. 500,712
	<b>SUPA</b>	and	4_11576	
	egistat	ed Agent's Si	enature (REOURED)	<del></del>
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the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  E VI: Other provisions, if any.  TITY IS BEING CREATED FOR ANY LAWFUL PURPOSE	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
(Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:	AMBR	Phyllis Cohen Trustee of the Ige Cohen Family To	niet
Atlanta, GA 30342  (Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:	·	50 South Battery Place	ıuşı
(Use attachment if necessary)  E V: Effective date, if other than the date of filing:	· · · · ·	Atlanta, GA 30342	
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E V: Effective date, if other than the date of filing:			
Signature of a member of an authorized representative if a member.  This document is executed in accordance with section 606-0203 [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.  Richard S. McNeese Typed or printed name of signee  Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)	ective date is listed, the date must be specific of filing.) the date inserted in this block does not meet t	e and cannot be more than five business days price.  the applicable statutory filing requirements, this days	r to or 90
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