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|                | PICK-UP WAIT MAIL                   |
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TALLAHASSEE, PLUBIT

## FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

07/31/2024

NAME:

COYBOY GROUP HOLDINGS LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

## COVER LETTER

|                     | of Corporations                                |   |   |
|---------------------|--|---|---|
| SUBJECT:            | Cowboy Group Holdings I                        | .I.C  |   |
| SUBJECT:            | Name of Lin                                    | nited Liability Company   |   |
|                     |  |   |   |
| The enclosed Art    | icles of Organization and fee(s) ar            | e submitted for filing.   |   |
| Please return all o | correspondence concerning this ma              | atter to the following:   |   |
|                     |  |   |   |
|                     |  | Name of Person  |   |
|                     |  | W   |   |
|                     | Firm/Company                                   |   | ויערדעאן.   |
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|                     | E-mail address: (to be used                    | for future annual report notificati                                       | on)   |
| For further informa | ation concerning this matter, please           | e call:   |   |
|                     | at (   | )   |   |
|                     | Name of Person A                               | rea Code Daytime Telephon   | e Number  |
| Enclosed is a che   | ck for the following amount:                   |   |   |
| □\$125.00 Filing    | Fee S130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | □\$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                     | Mailing Address                                | Street Address  |   |
|                     | New Filing Section Division of Corporations    | New Filing Section Di<br>The Centre of Tallaha                            |   |
|                     | P.O. Box 6327                                  | 2415 N. Monroe Stree  |   |
|                     | Tallahassee, FL 32314                          | Tallahassee, FL 3230.   | 3   |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Cowboy Group Holdings LLC   |  |
|---|--|
| (Must contain the words "Limited Liabi  | lity Company, "L.L.C.," or "LLC.")                     |
|   | of the Limited Liability Company is:                   |
|   | of the Limited Liability Company is:  Mailing Address: |
| FICLE II - Address: mailing address and street address of the principal office  Principal Office Address:  1394 County HWY 283 S, Bld 13, |  |

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:

ARTICLE I - Name:

|                       | Name                        |          |
|-----------------------|-----------------------------|----------|
| 155 Office Plaza Dr   | ive                         |          |
| Florida street addres | ss (P.O. Box <u>NOT</u> acc | eptable) |
| Tallahassee           | Florida                     | 32301    |
| Tattatiassee          |                             |          |

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..

| /s/ Oliver Steinmetz                             |   |
|--|---|
| Agent of Registered Agent's Signature (REQUIRED) | _ |

(CONTINUED)

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|       |   |          |

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

| <u>Title:</u> "AMBR" = Au "MGR" = Man | thorized Member  | Name and Address:  |   |                      |
|---------------------------------------|--|--|---|----------------------|
| Manager .                             | ager   | Jackson Speaks P.O. Box 4698 Santa Rosa Beach, FL 32459  | )   | ··                   |
| Manager                               |  | Carter Andrews 90 E Mitchell Ave Santa Rosa Beach, FL 32459  | )   | <u> </u>             |
|                                       |  |  |   |                      |
|                                       |  |  |   |                      |
| (Use attachmen                        | at if necessary)   |  |   | j* [1]<br>2024 JUL 3 |
| If an effective date is lis           | ited, the date must be<br>d in this block does no                | ate of filing:  specific and cannot be more than file of meet the applicable statutory filing ent of State's records.                                | ive business days prior to                                  | or 90 days afte      |
| ARTICLE VI: Other pro                 | visions, if any.   |  | ī.:   |                      |
|                                       |  |  |   |                      |
| REQUIRED S                            |  | ackson Speaks  |   |                      |
|                                       | Signature of a<br>This document is exe<br>I am aware that any fa | member or an authorized represence of a coordance with section 605 also information submitted in a document of the felony as provided for in s.817.1 | 5.0203 (1) (b), Florida Stat<br>ment to the Department of S |                      |

Filing Fees:

Typed or printed name of signee

Jackson Speaks