

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : HAND ARENDALL HARRISON SALE LLC
Account Number : I20190000128
Phone : (850)769-3434
Fax Number : (251)544-1643

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

Email Address: dmoniz@handfirm.com

FLORIDA LIMITED LIABILITY CO.
COVEN COCKTAILS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$160.00

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: COVEN COCKTAILS 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:

DION J. MONIZ, ESQ.

Name of Person

HAND ARENDALL HARRISON SALE

Firm/Company

35008 EMERALD COAST PARKWAY, SUITE 500

Address

DESTIN, FLORIDA 32541

City/State and Zip Code

dmoniz@handfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Medina 850 650-0010
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

COVEN COCKTAILS 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>1112 POST OAK PATH</u>	<u>1112 POST OAK PATH</u>
<u>FORT WALTON BEACH, FLORIDA 32547</u>	<u>FORT WALTON BEACH, FLORIDA 3254</u>

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:

<u>DABNEY PRIETO</u>		
Name		
<u>1112 POST OAK PATH</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>FORT WALTON BEACH</u>	<u>FLORIDA</u>	<u>32547</u>
City	State	Zip

I 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..

Dabney Prieto
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

MGR

Name and Address:

DABNEY PRIETO
 1112 POST OAK PATH
 FORT WALTON BEACH, FLORIDA 32547

MGR

LAKEISHA WILKERSON
 438 JILLIAN DRIVE
 CRESTVIEW, FLORIDA 32536

MGR

HOLLY CHITWOOD
 300 RIDGEWOOD AVENUE
 MARY ESTHER, FLORIDA 32569

(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:***Dabney Prieto*

11/20/2024

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.

DABNEY PRIETO

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)

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