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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : FL PATEL LAW PLLC
Account Number : 120170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

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

Email Address: Support@flpatellaw.com

FLORIDA LIMITED LIABILITY CO.

Cosgrove Accounting LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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2023 APR -9 PM 1:46
CLERK OF COURT
J. A. HASSEB
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[Handwritten signature]



ARTICLES OF ORGANIZATION
FOR
COSGROVE ACCOUNTING LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.
Name

The name of the limited liability company is: Cosgrove Accounting LLC (the "Company").

ARTICLE II.
Address

The principal office and mailing address of the Company is:

11161 E State Rd 70, Ste 110-693
Lakewood Ranch, FL 34202

ARTICLE III.
Registered Agent, Registered Office, & Registered Agent's Signature

The name and the florida street address of the Registered Agent are:

FLP RA Services LLC
360 Central Avenue
Suite 800
St. Petersburg, FL 33701

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.



(sign)

FLP RA Services LLC

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ARTICLE IV.
Authorized Members and Managers

The name and address of each person authorized to manage and control the limited liability company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
MGR	Kenneth Cosgrove 11161 E State Rd 70, Ste 110-693 Lakewood Ranch, FL 34202

ARTICLE V.

The Effective date shall be the date of filing.

 (sign)

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.

Kenneth Cosgrove
Authorized Representative/Member