

W22000005806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

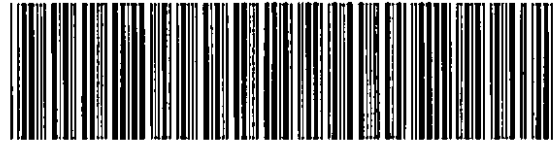
(Business Entity Name)

(Document Number)

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MAR 28 2022

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2022 MAR 28 AM 10:57

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S. FRANKLIN  
APR 15 2022

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Cobalt 27 Marketing LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael J. O'Conc

\_\_\_\_\_  
Name of Person

Cobalt 27 Marketing LLC

\_\_\_\_\_  
Firm/Company

16 Schooner Lane

\_\_\_\_\_  
Address

Port Washington, NY 10050

\_\_\_\_\_  
City/State and Zip Code

mocone@co27mktg.com

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

For further information concerning this matter, please call:

Michael J. O'Conc

609

947-5698

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

2022 MAR 28 AM 10:00

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Cobalt 27 Marketing LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York State 3. EIN 84-4451468  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. May 1, 2022  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 16 Schooner Lane 6. 16 Schooner Lane  
(Street Address of Principal Office) (Mailing Address)

Port Washington, NY 10050

Port Washington, NY 10050

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

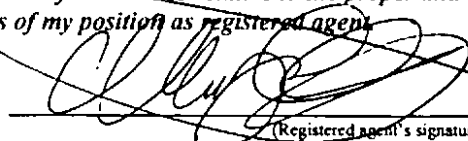
Name: Michael J. O'Conne

Office Address: 6806 Fiji Circle

Boynton Beach, Florida 33437  
(City) (Zip code)

**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

2022 MAR 28 AM 11:02

OFFICE

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Scott Baxter

☐ Member Address: 16 Schooner Lane

☐ Authorized Port Washington, NY 10050

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Michael O'Cone

☐ Member Address: 6806 Fiji Circle

☐ Authorized Boynton Beach, FL 33437

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized


Person

☐ Other ☐ Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

  
Signature of an authorized person

Michael O'ONE  
Typed or printed name of signee

**State of New York** } ss:  
**Department of State**

I hereby certify, that COBALT 27 MARKETING, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/27/2020, and that the Limited Liability Company is existing so far as shown by the records of the Department.



2022 MAR 26 AM 11:02

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State, at the City of  
Albany, this 27th day of January two  
thousand and twenty, at 6:09 AM.*

*Brendan C. Hughes*

*Brendan C. Hughes  
Executive Deputy Secretary of State*