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S. FRANKLIN

JUN 20 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cozy, 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:

Susan Hancock
Name of Person

Cozy, LLC
Firm/Company

6118 Little Madison Way
Address

Knoxville, TN 37923
City/State and Zip Code

susan.hancock@live.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Susan Hancock at (865) 924-8767
Name of Contact Person 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

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. Cozy, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Cozi, FL, 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. TN 3. 88-1722755
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 04/12/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6118 Little Madison Way
(Street Address of Principal Office)

6. 6118 Little Madison Way
(Mailing Address)

Knoxville, TN 37923

Knoxville, TN 37923

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

Name: Bill Havre

Office Address: 7901 4th St N, STE 300

St. Petersburg, Florida 33702
(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.

Bill Havre
(Registered agent's signature)

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Susan C. Hancock</u>	<input type="checkbox"/> Manager	Name: <u>John J. Hancock</u>
<input type="checkbox"/> Member	Address: <u>6118 Little Madison Way</u>	<input checked="" type="checkbox"/> Member	Address: <u>6118 Little Madison Way</u>
<input type="checkbox"/> Authorized	<u>Knoxville, TN 37923</u>	<input type="checkbox"/> Authorized	<u>Knoxville, TN 37923</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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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.

Susan Hancock
Signature of an authorized person

Susan Hancock
Typed or printed name of signee



Division of Business Services
Department of State
 State of Tennessee
 312 Rosa L. Parks AVE, 6th FL
 Nashville, TN 37243-1102

Tre Hargett
 Secretary of State

COZY, LLC
 6118 LITTLE MADISON WAY
 KNOXVILLE, TN 37923

May 23, 2022

Request Type: Certificate of Existence/Authorization
 Request #: 0477038

Issuance Date: 05/23/2022
 Copies Requested: 1

Document Receipt

Receipt #: 007255460 Filing Fee: \$20.00
 Payment-Credit Card - State Payment Center - CC #: 3829732455 \$20.00

Regarding: Cozy, LLC

Filing Type: Limited Liability Company - Domestic
 Formation/Qualification Date: 04/12/2022
 Status: Active
 Duration Term: Perpetual
 Business County: KNOX COUNTY

Control #: 1304343
 Date Formed: 04/12/2022
 Formation Locale: TENNESSEE
 Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Cozy, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett

Tre Hargett
 Secretary of State

Processed By: Cert Web User

Verification #: 053865119