# L24000301550

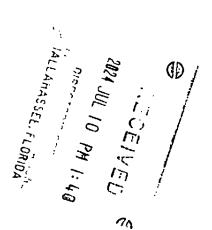
<u> </u>	(Requestor's Name)
<del></del>	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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## **CT CORP**

## (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

07/10/2024

D	ate: 07/10/2024	- w: DW
	Acc#I20160000072	
Name:	COWIE Hockey, LLC	
Document #:		
Order #:	15752109	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Country of Destination:  Number of Certs:	2024 JUL 10 M 9: 47  ALLAHASSEE, FL
Filing: 🗸	Certified:   Plain:   COGS:	Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 155.00	

Thank you!

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:  COWIE Hockey, LLC  (Must contain the words "Limited Liabil	tru Company "I 1 C " or "I I C ")
(what comain the words) Elimited Elabit	ny Company, 15.15.C., or 15.5.C.
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3605 Philips Highway	3605 Philips Highway
	Jacksonville, FL 32207
Jacksonville, FL 32207	Jackson Tite, 11, 5550

Plantation Florida 33324

City State Zip

Tagent and to accept service of process for the above stated limited liability company of the compa

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..

Name

Florida street address (P.O. Box NOT acceptable)

C T Corporation System

C T Corporation System

1200 South Pine Island Road

By: Isl Donna Peterson, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ΛК	11	()	J.L.	ı	١	٠
421					•	

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

Title: "AMBR" = Authorized Memb "MGR" = Manager	Name and Address:	
AMBR	Zawyer Sports, LLC 3605 Philips Highway Jacksonville, FL 32207	· ·
MGR	Zawyer Sports, LLC 3605 Philips Highway Jacksonville, FL 32207	
(Use attachment if necessary)		
(If an effective date is listed, the date <b>n</b> the date of filing.)	an the date of filing: N/A (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not epartment of State's records.	
	67 67 70 70	
REQUIRED SIGNATURE:	ni i	<del>[]</del>
andy taufman		
This documer I am aware tha	nt is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.	

Andrew Kaufmann

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)