# 01/00000110

(Re	questor's Name)	
(Ad	dress)	.,
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only

G. MCLEOD

SEP - 7 2011

**EXAMINER** 



500210075835

07/25/11--01010--024 \*\*1000.00

11 SEP - PH 1:54
SECRETARY OF STATE
TAIL AHASSEE, FLORID

WI BAND

### **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: COOPet Products, LLLP  Name of corporation - must include suffix				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorize "Certificate of Existence," or "Certificate of Good Standing" are above referenced foreign corporation to transact business in Florida.	nd check are submitted to register the			
Please return all correspondence concerning this matter to the following:  Helena Coper				
CoopPet Products, LLLP				
PO Box 39346				
Fort Lauderdale, FL 33339 City/State and Zip code				
helenae cocopel-com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Helena Cocpet at (760) 213-7404  Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amount:				
	Filing Fee & Certificate of Status & Certified Copy			
Cover for				
consent inc.				

General Poulner

## . APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

L Coop Pet Products, LLLP				
(Name of Limited Partnership or Limited Liability Acceptable Limited Partnership suffixes: Limited Partnership Acceptable Limited Liability Limited Partnership suffixes: Lin	, Limited, L.P., LP, or Ltd.			
If name unavailable, name under which the limited partnersh business in Florida;	ip or limited liability limited partnership propo must contain acceptable suffix.	ses to regi	ster to	transact
<sub>2.</sub> Hawaii	3.5 <del>127107</del> <b>\$/09/</b> 97	<b>-</b>		
State or Country of Formation	Date of Formation	·——·		
4. Name of Registered Agent for Service of Process and Flo	orida Street Address:			
John S Cooper				
4101 Bayview Drive				
Ft. Lauderdale, FL 33308	•			
5. I hereby accept the appointment as registered agent and ag of all statutes relative to the proper and complete performa my position as registered agent.	gree to add in this capacity. I further agree to a accept my dulies, and I am familiar with and a of Registered Agent	omply with ccept the o	h the pr bligati	ovisions ons of
	8. Mailing Address:	ZAZ SE	.=	
7. Principle Office: (Florida Street Address)	PO Box 39346	L CR	SS	777
4101 Bayview Drive		HASA ASA	آ م	
Ft. Lauderdale, FL 33308	Ft. Lauderdale, FL 33339	SEC.		1
9. If limited partnership is a limited liability limited partnership.  10. Name, principal office address, and mailing address of	each general partner:	F STATE FLORIDA	PM 1:54	O
Name of General Partner:	Name of General Partner:			
Street Address:	Street Address:			
Mailing Address:				
Name of General Partner:				
Street Address:	Street Address:			
Mailing Address:	. Mailing Address:	· · · · ·		

Name of Genera	I. Partner: CoopSport Inc.	Limited Name of General Partner: Blue Water Sports			
Street Address:	50 K-11 - DI	Street Address: 900 Youngsford Road			
Mailing Address:	Kihei, HI 96753	Gladwyne, PX 19035			
	4101 Bayview Drive	Mailing Address: 900 Youngsford Road			
	Ft. Lauderdale, FL 33308	Gladwyne,PA 19035			
11. Effective date, if other than the date of filing: 7/20/11 (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)					
12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.					
Signed this	day of July	,20			
Signature of a general partner					
The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information					

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional): Certificate of Status (optional): \$52.50

): \$8.75



### Department of Commerce and Consumer Affairs

#### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

COOP PET PRODUCTS, LLLP

was formed under the laws of Hawaii on 07/09/1997; that it is an existing limited liability limited partnership in good standing, and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: August 29, 2011

Director of Commerce and Consumer Affairs