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2/1/02

Tom Moya

Copal, LLC

10 Lexington Road

Palm Beach Gardens, FL 33418

Tel. 561-601-8996

Fax 561-691-4683

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****125.00 ****125.00

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~~****125.00 ****125.00~~

~~-02/06/02--01026--001~~
~~****125.00 ****125.00~~

Dear Sir/Madam:

Please find my check enclosed in the amount of \$125.00, as well as a completed Articles of Organization for Florida LLC Form and my Certificate of Formation from Delaware.

If you have any questions, or need additional info, please do not hesitate to contact me.

Regards,

Tom Moya

Tom Moya

3517
W202

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 8, 2002

TOM MOYE
10 LETHINGTON ROAD
PALM BEACH GARDENS, FL 33418

SUBJECT: COPAC, LLC
Ref. Number: W02000003802

We have received your document for COPAC, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 102A00007966

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Copac, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

10 Lethington Road, Palm Beach Gardens, FL 33418

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Tom Moya

Name

10 Lethington Road

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

Palm Beach Gardens FL 33418

City, State, and Zip

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 608, F.S.

[Signature]

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

[Signature]
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Tom M. Moya

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA