

**COPPEN  
INDUSTRIES, LLC**

562 King Street  
Jacksonville, FL 32204

Phone: (904) 384-5500  
Fax: (904) 384-3455

③

822 FL LLC  
00789-00623-00671

W02-23219

August 07, 2002

800007002098--3  
-08/09/02--01017--004  
\*\*\*125.00 \*\*\*125.00

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

MJH

Dear Sirs:

Enclosed please find the Articles of Organization for Florida Limited Liability Company for Coppen Industries, LLC and a check for \$125.00 for the filing fee and designation of registered agent.

If there are any questions, please call me at (904) 384-5500.

Sincerely,

*Walter G. Coppen*

Walter G. Coppen

encl.

FILED  
02 AUG 22 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

August 12, 2002

WALTER G. COPPEN  
COPPEN INDUSTRIES, LLC  
562 KING STREET  
JACKSONVILLE, FL 32204

SUBJECT: COPPEN INDUSTRIES, LLC  
Ref. Number: W02000023219

We have received your document for COPPEN INDUSTRIES, 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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 602A00047720

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: COPPEN INDUSTRIES, LLC

**ARTICLE II - Address:**

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

562 KING STREET, JACKSONVILLE FL 32204

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

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

WALTER G. COPPEN  
Name

562 KING STREET  
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE FL 32204  
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.*

Walter G. Coppen  
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)

Walter G. Coppen  
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.)

Walter G. Coppen  
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)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

02 AUG 22 AM 9:17

FILED