

W030000510540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status 1

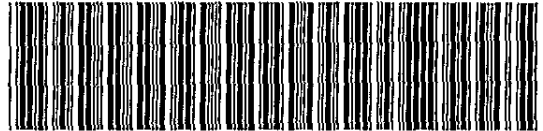
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COPELAND HOME REPAIR SERVICE LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEFF COPELAND

(Name of Person)

COPELAND HOME REPAIR SERVICE LLC

(Firm/Company)

322 PINE ST

(Address)

AUBURNDALE, FL 33823

(City/State and Zip Code)

For further information concerning this matter, please call:

JEFF COPELAND

(Name of Person)

at ( 863 ) 965-7145

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

COPELAND HOME REPAIR SERVICE LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

322 PINE ST

AUBURNDALE, FL 33823

**Mailing Address:**

322 PINE ST

AUBURNDALE, FL 33823

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

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

JEFF COPELAND

Name

322 PINE ST

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

AUBURNDALE

FLORIDA 33823

City, State, and Zip

03 DEC 17 AM 11:11  
FILED  
TALLAHASSEE, FLORIDA  
STATE

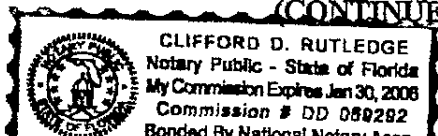
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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, Florida Statutes..*

Jeff Copeland  
Registered Agent's Signature

Identified By Driver License.  
FLORIDA C145-439-57-220-D

Page 1 of 2

(CONTINUED)



STATE OF FLORIDA  
County of POLK.

Subscribed to before me on this  
15th day of December, 2003.

Clifford D. Rutledge

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JEFF COPELAND

322 PINE ST

AUBURNDALE, FL 33823

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

*Jeff Copeland*  
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.)

JEFF COPELAND

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

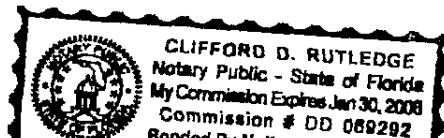
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

STATE OF FLORIDA  
COUNTY OF POLK

Subscribed to before me on this  
15th day of December, 2001.

*Clifford D. Rutledge*



Identified By Driver License.  
FL C145-439-57-220-0