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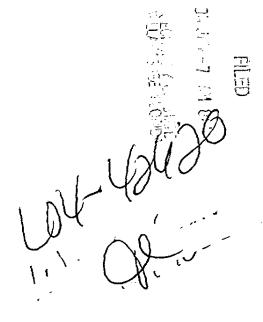
(Req	uestor's Name)			
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Secretary of State

May 21, 2004

JULIO LOPEZ P.O. BOX 8760 TAMPA, FL 33674-8760

SUBJECT: SLOP DISTRIBUTORS, INC.

Ref. Number: W04000019805

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

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

The document must contain the name, title, and business address of each managing member or manager.

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: 004A00035952

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT:				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Julia Lopez (Name of Person)				
J'COP Distributors, ILLC (Firm/Company)				
P.O. Box 8760 (Address)				
Tampa, Florida 33674-8760 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Tulio Loog at (813 ) 453 - 2832  (Name of Person) at (813 ) 453 - 2832  (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 Taliahassee, Florida 32314 30.5 ±0 80.5000 31.8 Mg L-16.0 Mg

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Juop Distributo	rs, LLC
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4302 Gonn Hwy 712	4302 Gunn Huy 712
Jampa F7 33624	Tampa FC.
	33624-
ARTICLE III - Registered Agent, Registered C The name and the Florida street address of the reg	
Julio Cope Name	7
4302 Gunn Florida street address (P.O. 1	Hwy 712 Box NOT acceptable)
Tamoa, City, State, and	FLORIDA 33624
Having been named as registered agent and to accept service company at the place designated in this certificate, I hereby agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar	accept the appointment as registered agent and the provisions of all statutes relating to the proper
registered agent as provided for its Cha	
Registered Agent's S	gnature

Page 1 of 2 (CONTINUED)

<u>Title:</u> . "MGR" = Manager "MGRM <sup>ft</sup> = Managing Member	Name and Address:  Julio A. Lopez  4302 Gunn Huy		
owner/MGKM	4302 Gunn Hwy  **TAMPA #L. 3362		· 
			-
(Use attachment if necessary)		nata d	
NOTE: An additional article must be	e added if an effective date is reque	estea.	
REQUIRED SIGNATURE:	authorized representative of a member.	L	
REQUIRED SIGNATURE:  Signature of a member of an accordance with section 600	authorized representative of a member.  3.408(3), Florida Statutes, the execution affirmation under the penalties of perjury rue.)	V	
REQUIRED SIGNATURE:  Signature of a member of an accordance with section 60% of this document constitutes an that the facts stated herein are to	3.408(3), Florida Statutes, the execution affirmation under the penalties of perjury	DI JUN -	