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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

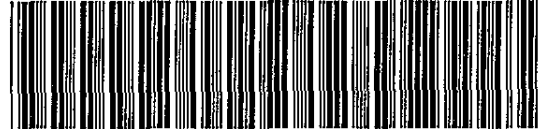
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2004 JUL 28 PM 1:36
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUL 29 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COOPER ASSOCIATES (US)
(Name of Limited Liability Company)

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TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

ADRIAN KERR

(Name of Person)

COOPER ASSOCIATES (US)

(Firm/Company)

62 TIMBERLAND CIRCLE

(Address)

FT MYERS 33919

(City/State and Zip Code)

For further information concerning this matter, please call:

ADRIAN KERR

(Name of Person)

at (239) 939 7198

(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**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

COOPER ASSOCIATES (US) LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

COOPER ASSOCIATE (US) LLC

62 TIMBERLAND CIRCLE

FT MYERS FL 33919

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

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

ADRIAN KERR

Name

62 TIMBERLAND CIRCLE

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

FT MYERS FLORIDA 33919

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, Florida Statutes..

AK/Kerr

Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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:

MGRM

ADRIAN KERR
62 TIMBERLAND CIRCLE
FT MYERS, FL 33919

MGRM

DAVID THOMAS COOPER
62 TIMBERLAND CIRCLE
FT MYERS, FL 33919

MGRM

NEIL ANDREW COOPER
62 TIMBERLAND CIRCLE
FT MYERS, FL 33919

MGRM

BENJAMIN JAMESON KERR
62 TIMBERLAND CIRCLE
FT MYERS, FL 33919

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

A.R.J. KERR

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.)

A.R.J. KERR

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)