L05000056301

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	tatus
Special Instructions to Filing Officer:	
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W. P. Veräger



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(6/08/05--01008--008-**)55,00



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Paul Copeland (Name of Limited	Ir LLC	
(Name of Limited	Liability Company)	
The enclosed Articles of Organization and fee(s) are sub-	bmitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Paul Copelan.	ame of Person)	
Paul Copeland of	irm/Company)	
P.O. Box 698	(Address)	
Cha Tahoch 22 (City/S For further information concerning this matter, please ca (Name of Person)	F/ 32324 A	61 :6 WW 8- Kill 50
For further information concerning this matter, please ca	all:	8
Paul copeland at	at (850) 545-5600	9: 19
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	☐ \$160.00 Filing Fee & ☐ \$160.00 Filing Fee & ☐ Certificate of State Certified Copy (additional copy is expected)	itus &
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
409 E. Gaines Street	P.O. Box 6327	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRUL copeland Ir construction 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:
Huny	7
\$ 6987 Greensboro Hayed	P. S. 698
Chattakocker, Fl 22324	Chattahorcher, 7 (32324
•	,

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

The name and the Florida street address of the registered agent are:		05	
LAWRENCE OGECTH Name	ZHÁSS	JUIV - 8	ä å telom
108 Sunday Rd	E. F.	A	779
Florida street address (P.O. Box <u>NOT</u> acceptable)	L U	ö	rategy female
Chatla hooches FL 32324 City, State, and Zip	URID,	19	*******

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.

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address: Sheranda Copel Hud P.O. Box 698 Chattebooch a month
MG-R NN	P.O. Box 698 Chattehoocher Fl 32324
Α	
(Use attachment if necessary)	must be added if an effective date is requested.
NOTE: An additional article	must be added if an effective date is requested.
REQUIRED SIGNATURE:	nember or an authorized representative of a member.
(In accordance v of this documen	with section 608.408(3), Florida Statutes, the execution to constitutes an affirmation under the penalties of perjury tated herein are true.) Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)