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(City/State/Zip/Phone #)

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(Business Entity Name)

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LO5-44315



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09/16/05--01029--013 **130.00

SEP 16 2005
TALLAHASSEE, FLORIDA

05 SEP 16 AM 8:21

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just

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cooperative Services 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:

Ana Cecilia Farias

(Name of Person)

Cooperative Services LLC

(Firm/Company)

PO Box 3511

(Address)

Pensacola FL 32516-3511

(City/State and Zip Code)

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For further information concerning this matter, please call:

Fabio Moreira

(Name of Person)

at (850) 308.5010

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 26, 2005

ANA CECILIA FARIAS
PO BOX 3511
PENSACOLA, FL 32516-3511

SUBJECT: COOPERATIVE SERVICES, LLC
Ref. Number: W05000044315

We have received your document for COOPERATIVE SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document September 16, 2005. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days; your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 305A00058569

STATE OF FLORIDA
DEPARTMENT OF STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cooperative Services LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Ana Cecilia Farias - Cooperative Svcs LLC
12430 Meadson Rd Bldg D-B
Pensacola FL 32506

Mailing Address:

Ana Cecilia Farias - Cooperative Svcs LLC
12430 Meadson Rd Bldg D-B
Pensacola FL 32506

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Ana Cecilia Farias

Name

12430 Meadson Rd Bldg D-B

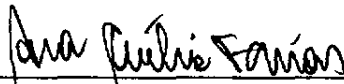
Florida street address (P.O. Box **NOT** acceptable)

Pensacola

FL 32506

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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OF 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:

MGR

Ana Cecilia Farias

12430 Meadson Rd Bldg D-B

Pensacola FL 32506

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FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 16 2005 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Ana Cecilia Farias
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.)

Ana Cecilia Farias

Typed or printed name of signer

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)