# L06000020103

(Requestor's Name)
(Address)
(Address)
<b>,</b>
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



200065365592

02/23/06--01009--023 \*\*155.00

2006 FEB 23 PM 3: 45
SECRETARY OF STATE
TAFT LAHASSEE, FLORID

06 FEB 23 AHI

RECEIVEL

# LAZARUS CORPORATE FILING SERVICE

	I	
320 SW 87 <sup>TH</sup> AVENUE		
IAMI, FL 33165 (305) 5	552-5973	
	1	Office Use Only
ORPORATION NAME(S) & D COPPER LANTE	COCUMENT NUMBER(S),	Office Use Only (if known):
(Corporation Name)	(Document #)	- Park
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
Walk in Pick up tin	ne <u> </u>	Certified Copy
☐ Mail out ☐ Will wait		☐ Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>	-
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of Change of Reg Dissolution/W Merger	
OTHER FILINGS	REGISTRATION	/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partner Reinstatement Trademark Other	
		Eveniner's Initials

CR2E031(7/97)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

### CopperLantern, LLC.

(Must end with the words "Limited Liability 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:

Mailing address:

ARCHARACTOR OF THE PARTY OF THE

1503 SW 43<sup>rd</sup>. Ave. Miami, Fl. 33134

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

(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:

David B. Griffiths 1503 SW 43<sup>rd</sup>. Ave. Miami, Fl. 33134

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)

2/18/06

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

**MGRM** 

David B. Griffiths 1503 SW 43<sup>rd</sup>. Ave. Miami, Fl. 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_(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:

Signature of 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.)

David B. Griffiths
Typed or printed name of signee