

**L07000006549**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

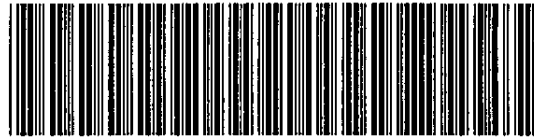
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000083815270

01/16/07--01021--009 \*\*160.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JAN 16 PM 2:50

B. Tadlock JAN 18 2007

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Registration Section:

Please find attached articles of organization for Kokopali Ltd. Company and check number 1841.

Name: Beth A. Greene  
Address: 1626 East Maxwell Street, Pensacola, Florida 32503  
Daytime Number: 850-232-9049

Regards,

A handwritten signature in cursive script that reads "Beth Greene".

Beth Greene

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:  
Kokopali, Ltd. Co

## ARTICLE II - Address:

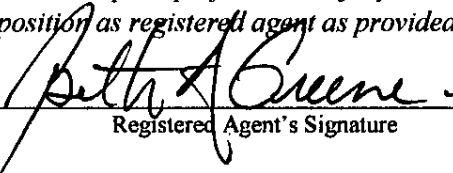
The mailing address and street address of the principal office of the Limited Liability Company is:  
1626 E Maxwell Street  
Pensacola, FL 32503

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

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

Beth A. Greene	
Name	
1626 E. Maxwell Street	
Florida street address (P.O. Box <b>NOT</b> acceptable)	
Pensacola	FL 32503
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

(An additional article must be added if an effective date is requested)

## 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.)

Beth A. Greene

Typed or printed name of signee

## 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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JAN 16 PM 2:50