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COVER LETTER

Division of C			
SUBJECT: Coope	er Direct, LLC		
	(Name of Limi	ted Liability Company)	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
Robert C.	Grier		
	· · · · · · · · · · · · · · · · · · ·	(Name of Person)	
Cooper D	Pirect, LLC		
		(Firm/Company)	
396 SW S	Summerhill Gln		
\ <u> </u>		(Address)	
Lake City	, FL 32024		
	(C	ty/State and Zip Code)	
For further information	concerning this matter, pleas	se cali:	
Robert C. Grie	er	at 386 984-5026	6
(Nam	of Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 C Tallahassee, FL 32301	ircl e



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 7, 2007

ROBERT C. GRIER 396 SW SUMMERHILL GLŅ LAKE CITY, FL 32024

SUBJECT: COOPER DIRECT, LLC

Ref. Number: W07000044298

We have received your document for COOPER DIRECT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 107A00053315

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compan	ny is:	
CooperSonic, LLC		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Compan	y is:
Principal Office Address:	Mailing Address:	
396 SW Summerhill Gin	Same	
Lake City, PL 32024		
	terred Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another	
The name and the Florida street address of	the registered agent are:	
Robert C. Grier	SEP	-11
1	Vame PS - C	=
396 SW Summer	rhill Gin set address (P.O. Box NOT acceptable) FI 32024	ED
Florida stre	et address (P.O. Box NOT acceptable)	;
Lake City,	FL 32024	<u>.</u>
City, S	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)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
Robert C. Grier MGR	396 SW Summerhill Gin
	Lake City, FL 32024
Rose E. Grier MGRM	396 SW Summerhill Gln
	Lake City, FL 32024
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(Use attachment if necessary)	
ARTICLE V: Effective date, if other than (If an effective date is listed, the date musto or 90 days after the date of filing.)	the date of filing: 9/4/07 (OPTIONAL) st be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	· ·
Robert	16re
_	mber or an authorized representative of a member.
of this document c	h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ted herein are true.)
Robert C. (Grier SSA 6 F
	Typed or printed name of signee
Filing Fees:	Typed or printed name of signee
\$125 00 Filing Ree for Articles of C	

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)