

LD70000100216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

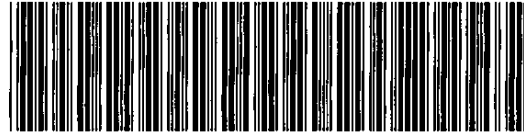
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wilbert P. Cooper, 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:

Donald A. Horne, Sr
(Name of Person)

(Firm/Company)

201 Oak St.
(Address)

New Smyrna Beach, FL 32168
(City/State and Zip Code)

For further information concerning this matter, please call:

Donald A. Horne, Sr at (404) 433-8258
(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
- \$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

**ARTICLES OF ORGANIZATION
FOR
Wilbert P. Cooper, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is:

Wilbert P. Cooper, LLC

ARTICLE II – Address:

534 Greenlawn Street, New Smyrna Beach, FL. 32168

ARTICLE III – Registered:

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

Wilbert P. Cooper
534 Greenlawn Street
New Smyrna Beach, FL 32168

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

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TALLAHASSEE, FLORIDA

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ARTICLE IV – Managing Member(s)

Title:

Name and Address:

MGR

Wilbert P. Cooper
534 Greenlawn Street
New Smyrna Beach, FL 32168

MGRM

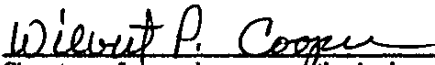
Viola B Cooper
534 Greenlawn Street
New Smyrna Beach, FL 32168

MGRM

Nicole S. Stratton
4052 Oak Street
New Smyrna Beach, FL 32168

ARTICLE V – Effective date, shall be the date of filling.

REQUIRED SIGNATURE:



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.)

Wilbert P. Cooper
name of signee

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TALLAHASSEE, FLORIDA