

Corporate 13056752011 p.1  
**L1000000/2603**

Florida Department of State  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**  
**Copeland Management & Consulting Group LLC**

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**EXAMINER**

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

COPELAND MANAGEMENT &amp; CONSULTING GROUP LLC

**ARTICLE II ADDRESS**

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

9450 ATLANTIC STREET

MIRAMAR, FLORIDA 33025

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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


SHARLENE GRANT-COPELAND

9450 ATLANTIC STREET

MIRAMAR, FLORIDA 33025

Having been named as registered agent 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..

X



SHARLENE GRANT-COPELAND / Registered Agent's signature

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COPELAND MANAGEMENT & CONSULTING GROUP LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER:

SHARLENE GRANT-COPELAND  
9450 ATLANTIC STREET  
MIRAMAR, FLORIDA 33025

MANAGING MEMBER:

JACQUELINE GRANT  
9450 ATLANTIC STREET  
MIRAMAR, FLORIDA 33025

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\*\*\*\*\*

X



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.

SHARLENE GRANT-COPELAND