# L10000059997

(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



700181457907

06/04/10--01024--021

\*\*125,00

RECEIVED

10 JUN -4 PM 1: 18

DESIGNATION OF THE PROPERTY OF T



T. HAMPTON

JUN -4 2010

EXAMINEF

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Cooper Painty 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:
Harry L. Cooper
Cooper Fainting LLC Firm/Company
200 Greenwood Circle Det 232
Quincy II 32351 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) SQ0-1619 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 & Certificate of Status   □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	· ·
(Must end with the words "Limited Liability	y Company, JL.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
200 Crenyood Circle Ruy, Cr 32351	Same
ARTICLE III - Registered Agent, Registered ( (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Wayry C Name	coper
Clorida etroat adde	ess (P.O. Box NOT acceptable)  FL 3 2357  e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete perj	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S
Mary J. Constitution Registered Agent's Signature	re (REQUIRED)
(CONTIN	NUED)

Page 1 of 2

## 

#### **REQUIRED SIGNATURE:**

Signature of a monther or an authorized epresentative 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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

10 Jun - 1, 78 +: 35