

L12000014498

(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



600219248856

01/30/12--01042--022 **130.00

FILED
2012 JAN 30 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JAN 31 2012
EXAMINER

Maguire
LEGAL GROUP

ROBERT D. MAGUIRE*

MICHELLE L. BAKER

GARY K. FRY**

January 25, 2012

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Kopko Interior Design Solutions, LLC

Dear Division of Corporation:

Enclosed are the following for Kopko Interior Design Solution, LLC:

1. Cover letter.
2. Articles of organization.
3. Check in the amount of \$130 for the filing fee and a certificate of status.

File the articles and return the certificate of status to me at the address indicated on this letterhead.

Very truly yours,

Robert D. Maguire

190 EAST AVENUE

TALLMADGE, OHIO 44278

PHONE 330-633-0666

FAX 330-633-0626

www.maguirelegalgroup.com

*ALSO LICENSED IN FLORIDA

**ALSO LICENSED IN UTAH

RM/jm

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kopko Interior Design Solutions, 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:

Robert D. Maguire

Name of Person

Maguire Legal Group

Firm/Company

190 East Avenue

Address

Tallmadge, OH 44278

City/State and Zip Code

KOPKOandCOMPANY@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert D. Maguire

Name of Person

at (330) 633-0666

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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kopko Interior Design Solutions, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

149 Standish Circle
North Fort Myers, Florida 33901

Mailing Address:

149 Standish Circle
North Fort Myers, Florida 33901

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Ronald Kopko

Name

149 Standish Circle

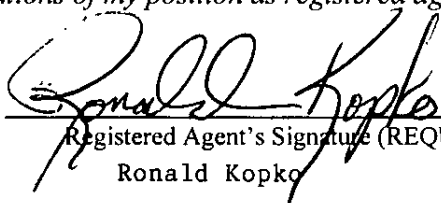
Florida street address (P.O. Box **NOT** acceptable)

N. Fort Myers FL 33901

City, State, and Zip

FILED
2012 JAN 30 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)
Ronald Kopko

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

FILED

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

2012 JAN 30 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

Ronald Kopko

149 Standish Circle

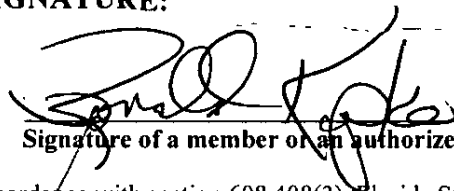
North Fort Myers, Florida 33901

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Ronald Kopko

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)