

L13 0000000 611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

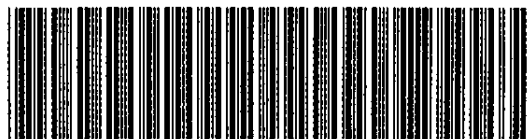
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500242938595

Effective Date 1-1-2013

12/26/12--01047--009 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 26 AM 8:10

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J. SAULSBERRY
EXAMINER

JAN 01 2013

Gene Singletary
7800 Mindello St.
Coral Gables, Fl. 33143

December 20, 2013

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

Re: Establishment of a new LLC.

To whom it may concern:

I wish to form a new Limited Liability Company. The name of the new company will be **Coopers @ 168 LLC**. This is the same name as a company I dissolved several months ago. I wish to create a new LLC. with myself as the only member and as such hereby give the new LLC permission to use the name.

I have no intention of reinstating the old company.

Sincerely,



Gene Singletary
305-458-7001

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TALLAHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coopers @ 168 L.L.C.
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:

Gene Singletary

Name of Person

Coopers @ 168 L.L.C.

Firm/Company

7800 Mindello St.

Address

Coral Gables, Fl. 33143

City/State and Zip Code

ecsjr@bellsouth.net

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

For further information concerning this matter, please call:

Gene Singletary

Name of Person

at **(305) 458-7001**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Coopers @ 168 L.L.C.

(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:

7800 Mindello St.

Coral Gables, Fl. 33143

Mailing Address:

7800 Mindello St.

Coral Gables, Fl. 33143

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:

Gene Singletary

Name

7800 Mindello St

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

Coral Gables

FL

33143

City, State, and Zip

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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)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Gene Singletary "MGR"

7800 Mindello St.

Coral Gables, Fl. 33143

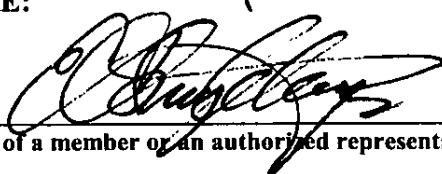
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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2013. (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.)

GENE SINGLETARY

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)