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(Re	questor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nam	ie)		
(Do	cument Number)			
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Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

TO:

Registration Section **Division of Corporations**

Coopers Tailors 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:

Richard Cooper	
	Name of Person
	Firm/Company
1779 NE 162ND Str	eet
	Address
Miami, FL 33162	
C	City/State and Zip Code
quiktax@myquiktax.co	om

For further information concerning this matter, please call:

Peter Philando	305 g	394-9985
Name of Person	Area Code & Daytime Telephone Number	

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

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

Coopers Tailors		· · · · · · · · · · · · · · · · · · ·	
	(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:		
The mailing ad	dress and street address of the	he principal office of the Limited Liability Company	
Principal Office Address: 1779 NE 162ND Street		Mailing Address: 1779 NE 162ND Street	
(The Limited Liabili business entity with	ty Company cannot serve as its own an active Florida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:	
(The Limited Liabili business entity with	ty Company cannot serve as its own an active Florida registration.) he Florida street address of	Registered Agent. You must designate an individual or another	
(The Limited Liabili business entity with	ty Company cannot serve as its own an active Florida registration.) he Florida street address of Peter Philando	Registered Agent. You must designate an individual or another	
(The Limited Liabili business entity with	ty Company cannot serve as its own an active Florida registration.) he Florida street address of Peter Philando	Registered Agent. You must designate an individual or another the registered agent are:	
(The Limited Liabili business entity with	ty Company cannot serve as its own an active Florida registration.) the Florida street address of Peter Philando 1775 NE 162ND Street	Registered Agent. You must designate an individual or another the registered agent are:	
(The Limited Liabili business entity with	ty Company cannot serve as its own an active Florida registration.) the Florida street address of Peter Philando 1775 NE 162ND Street	Registered Agent. You must designate an individual or another the registered agent are:	
(The Limited Liabili business entity with	ty Company cannot serve as its own an active Florida registration.) the Florida street address of Peter Philando 1775 NE 162ND Street Florida street North Miami Beach,	Registered Agent. You must designate an individual or another the registered agent are: Name eet address (P.O. Box NOT acceptable) 33162	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Mana	ger	Name and Address:
	naging Member	
MGRM		Richard Cooper 2652 NE 211 Terrace North Miami Beach, FL 33180
(Use attachment	t if necessary)	
	listed, the date must b	ate of filing: (OPTIONAL) to specific and cannot be more than five business days
REQUIRED S	IGNATURE:	soles
	Signature of a member of	r an anthorized representative of a member.
consti I am a	itutes an affirmation under the aware that any false information itutes a third degree felony as	08(3), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State, a provided for in s.817.155, F.S.)
	KICHAR Type	D COPER d or printed name of signee
Filing Fee	s:	
A455 00 FW		

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

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