

L15000017547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

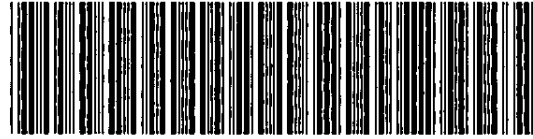
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W14-71836

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TALLAHASSEE FLORIDA

JAN 29 2015

J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 29, 2014

JESUS A. FINOL  
10199 NW 28TH TERRACE  
MIAMI, FL 33172

SUBJECT: COPROTECH L.L.C.  
Ref. Number: W14000071836

We have received your document for COPROTECH L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please list the complete principal office address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 714A00027295

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RECEIVED  
15 JAN 28 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 2, 2014

JESUS A. FINOL  
10199 NW 28TH TERRACE  
MIAMI, FL 33172

SUBJECT: COPROTECH L.L.C.  
Ref. Number: W14000071836

We have received your document for COPROTECH L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 514A00025342

SECRET  
TALLAHASSEE  
2015 JAN -5 PM 4:43  
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COPROTECH  
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:

JESUS A. FINOL  
Name of Person

COPROTECH LLC  
Firm/Company

10199 NW 28th TERRACE  
Address

MIAMI, FL 33172  
City/State and Zip Code

compuselrd@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESUS A. FINOL at ( 786 ) 499-3449  
Name of Person 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COPROTECH 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:

Mailing Address:

10199 NW 28th  
TERRACE Miami  
FL 33172

10199 NW 28th TERRACE  
MIAMI, FL 33172

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:

NILA B. GARCIA

Name

17100 SW 143 PLACE

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

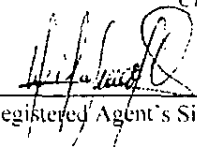
MIAMI FL 33177

City

Zip

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TALLAHASSEE FLORIDA  
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*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 605, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>JESUS A. FINOL</u>
	<u>10199 NW 28th TERRACE</u>
	<u>MIAMI, FL 33172</u>
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(Use attachment if necessary)

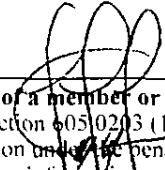
**ARTICLE V:** Effective date, if other than the date of filing: 01/01/2015 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.  

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**REQUIRED SIGNATURE:**



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**Signature of a member or an authorized representative of a member.**  
(In accordance with section 605.0203 (1) (b), 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.)

JESUS A. FINOL  
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)

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