

L15000212384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WLS-70103 10/22^{ch}

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T. SCOTT



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15 DEC 17 AM 8:16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2015

ISMAEL PEREZ
2624 PISCES DRIVE
ORLANDO, FL 32837

SUBJECT: INTERNATIONAL COATINGS LLC
Ref. Number: W15000070103

RECEIVED
15 DEC 17 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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) 245-6052.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 215A00022391

From: **corphelp** corphelp@DOS.MyFlorida.com
Subject: RE: Wrong email address
Date: October 30, 2015 at 12:53 PM
To: Sharon Worsfold sharon_worsfold@msn.com

Sorry for the delay in responding.

Please see letter copied below that was mailed, which also provides a contact name and phone number for any questions:

October 22, 2015

ISMAEL PEREZ
2624 PISCES DRIVE
ORLANDO, FL 32837

SUBJECT: ~~INTERNATIONAL COATINGS LLC~~

Ref. Number: W15000070103

please change to
"COPERNICCO COATINGS LLC"

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COPERNICCO
International Coatings LLCs. "COPERNICCO COATINGS 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:

2624 Pisces Drive
Orlando, Florida 32837

Mailing Address:

2624 Pisces Drive
Orlando, Florida 32837

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.)

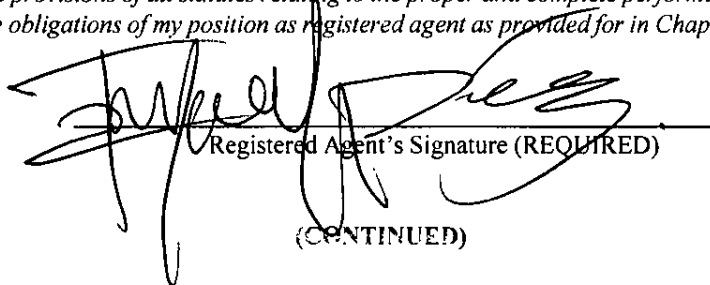
The name and the Florida street address of the registered agent are:

Ismael Perez
Name

2624 Pisces Drive
Florida street address (P.O. Box **NOT** acceptable)

Orlando	Florida	32837
City	State	Zip

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)

15 DEC 17 AM 8:16

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Ismael Perez

2624 Pisces Drive

Orlando, Florida 32837

(Use attachment if necessary)

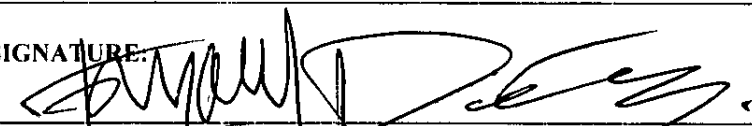
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Ismael Perez

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)