## 1000 23 200

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

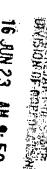
Office Use Only

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**Thomas Sewll** 

11906 shadow run blvd

Riverview, FL 33569

813-220-5878

## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJECT	T: Copper Top (	d Liability Company	<u> </u>
The enclos	osed Articles of Organization and fee(s) are su	abmitted for filing.	
Please retu	turn all correspondence concerning this matter	r to the following:	
	Thom	Name of Person	<del></del>
		Firm/Company	
	11906 Shadow	run blud	
		Address	
	Aiverview, FL	33569 State and Zip Code	
<b>,</b>	E-mail address: (to be used for	future annual report notification	on)
	information concerning this matter, please ca	ll:	
	-		
	Thomos Souch at (8) Name of Person Area	3 220 587	8
	Name of Person Area	Code Daytime Telephone	Number
Enclosed i	is a check for the following amount:		
\$125.00 F	Filing Fee \$\bigs\tag{\text{\$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  New Filing Section  Division of Corporations P.O. Box 6327  Tallahassee, FL 32314	Street Address New Filing Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	· Circle ·

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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	Copportion	George 1	Company, "L.L.C.," or "LLC.")
(Mus	t end with the words "Limite	ed Liability Co	Company, "L.L.C.," or "LLC.")
RTICLE II - Address: e mailing address and st	reet address of the principal	office of the Li	Limited Liability Company is:
<u>Pr</u>	incipal Office Address:		Mailing Address:
			11 m . ( 11 h .
	Shodow Aun blo	<u>/d</u>	11906 Sheday non
TICLE III - Registere the Limited Liability Conther business entity with	d Agent, Registered Office pany cannot serve as its ow han active Florida registrati	n Registered A	Rivarvicos, FL 33569
RTICLE III - Registerence Limited Liability Contother business entity with	d Agent, Registered Office apany cannot serve as its ow han active Florida registration treet address of the registered	n Registered A	red Agent's Signature: Agent. You must designate an individual or
RTICLE III - Registere the Limited Liability Contoner business entity with	d Agent, Registered Office apany cannot serve as its ow han active Florida registration treet address of the registered	n Registered A ion.) ed agent are: Name	red Agent's Signature: Agent. You must designate an individual or
RTICLE III - Registere the Limited Liability Control business entity with	d Agent, Registered Office apany cannot serve as its ow han active Florida registration treet address of the registered.    1966   3	n Registered A ion.)  ed agent are:  Name  Shalas Iss (P.O. Box 1)	red Agent's Signature: Agent. You must designate an individual or  Sewil  NOT acceptable)
RTICLE III - Registere the Limited Liability Control business entity with	d Agent, Registered Office apany cannot serve as its ow han active Florida registration treet address of the registered.    1966   3	n Registered A ion.)  ed agent are:  Name  Shalas Iss (P.O. Box 1)	red Agent's Signature: Agent. You must designate an individual or  Sewell

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

16 JUN 23 AH 9: 50

DIVERNITY OF MILES

ARADDII Assals	Name and Address:
	zed Member
MGR" = Manager	Thomas Sewell
411.1574	11906 Shadas Non Sleel
	Rivenies, FL 35569
	•
·	
V: Effective date,	ecessary)  if other than the date of filing:
ctive date is listed, filing.) he date inserted in	if other than the date of filing: (OPTIONAL)
V: Effective date, tive date is listed, filing.) ne date inserted in ent's effective date	if other than the date of filing:
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V: Effective date, tive date is listed, filing.) he date inserted in ent's effective date. VI: Other provision	if other than the date of filing:
V: Effective date, tive date is listed, filing.) ne date inserted in ent's effective date VI: Other provisio	the date must be specific and cannot be more than five business days prior to or 90 this block does not meet the applicable statutory filing requirements, this date will no on the Department of State's records.  Ins., if any.  Signature of a member or an authorized representative of a member. It is document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It is aware that any false information submitted in a document to the Department of State
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V: Effective date, tive date is listed, filing.) ne date inserted in ent's effective date VI: Other provisio	the date must be specific and cannot be more than five business days prior to or 90 this block does not meet the applicable statutory filing requirements, this date will no e on the Department of State's records.  Ins., if any.  Signature of a member or an authorized representative of a member.  Is document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, a aware that any false information submitted in a document to the Department of State stitutes a third degree felony as provided for in s.817.155, F.S.
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