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(Business Entity Name)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

**SUBJECT: COPIA PUBLISHING 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:

**Howard F. Ullman, Esquire**

\_\_\_\_\_  
Name of Person

**Howard F. Ullman, P.A.**

\_\_\_\_\_  
Firm/Company

**1650 South Dixie Highway, Suite 200**

\_\_\_\_\_  
Address

**Boca Raton, Florida 33432-7461**

\_\_\_\_\_  
City/State and Zip Code

**howard@hfulaw.com**

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

For further information concerning this matter, please call:

**Howard F. Ullman                      561                      571-6349**

\_\_\_\_\_  
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  
New Filing Section  
Division of  
Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COPIA PUBLISHING LLC

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ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4084 Bocaire Boulevard  
Boca Raton, Florida 33487

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Howard F. Ullman, Esquire

\_\_\_\_\_  
Name

1650 South Dixie Highway, Suite 200

\_\_\_\_\_  
Florida street address (P.O. Box NOT acceptable)

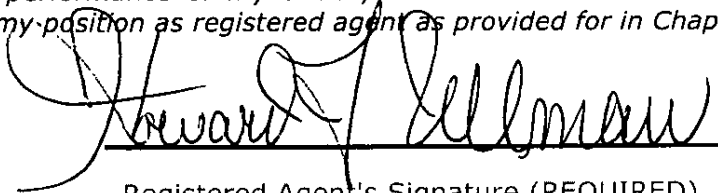
Boca Raton      Florida      33432-7461

\_\_\_\_\_  
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)

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CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
MIAMI, FLORIDA

ARTICLE IV-

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

**Title:**

"AMBR" = Authorized member

"MGR" = Manager

Name and Address:

AMBR

Norka Parodi  
4084 Bocaire Boulevard  
Boca Raton, Florida 33487

AMBR

Howard F. Ullman  
4084 Bocaire Boulevard  
Boca Raton, Florida 33487

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/A.

ARTICLE VI: Other provisions, if any.

N/A

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.

Norka Parodi

Name of Signee