

# U6000164721

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:** Division of Corporations  
Fax Number : (850) 617-6381

**From:** Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

16 SEP - 9 PM 4:55

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO. COPPER WIRE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

115376

**RUSH**

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00 9/7/16

re fax  
9/6/16

Please fax  
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**FLORIDA LIMITED LIABILITY CO.  
COPPER WIRE, LLC**

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<https://efile.sunbiz.org/scripts/efilecovr.exe>

9/2/2016

DATE, TIME	09/02 10:05
FAX NO./NAME	18506176381
DURATION	00:01:56
PAGE(S)	04
RESULT	OK
MODE	STANDARD
ECM	

TIME : 09/02/2016 10:07  
NAME : CORP USA  
FAX : 3056339696  
TEL : 18043323028  
SER. # : BRO66J607737

TRANSMISSION VERIFICATION REPORT

5

H16000218948

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COPPER WIRE, 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:

JUSTIN GILMAN

Name of Person

Firm/Company

3640 YACHT CLUB DRIVE, APT. 504

Address

AVENTURA, FL 33180

City/State and Zip Code

BYBOPMIDAS@GMAIL.COM

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

For further information concerning this matter, please call:

JUSTIN GILMAN

404

862-3683

at

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COPPER WIRE, 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:

Mailing Address:

3640 YACHT CLUB DRIVE, #504  
AVENTURA, FL 33180

SAME

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:

JUSTIN GILMAN

Name

3640 YACHT CLUB DRIVE, APT. 504

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

AVENTURA FL 33180

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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**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:**

JUSTIN GILMAN  
3640 YACHT CLUB DRIVE, APT. 504  
AVENTURA, FL 33180

(Use attachment if necessary)

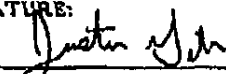
**ARTICLE V:** Effective date, if other than the date of filing: SEPTEMBER 1, 2016 (OPTIONAL)

(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.

JUSTIN GILMAN

Typed or printed name of signer

**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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