## L16000194578

(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

Office Use Only

OCT 2 4 2016 T. SCOTT



200289283212

200289283212 10/24/16--01006--003 \*\*125.00

16 OCT 24 AH II: 27

16 CCT 24 MM II:

## COVER LETTER

	stration Section ion of Corporations		
SUBJECT:	Cole cherpa	X LLC	•
SOBJECT		nited Liability Company	
The enclosed A	Articles of Organization and fee(s) are	e submitted for filing.	
Please return a	II correspondence concerning this ma	itter to the following:	
	Cole C	nepak	
		Name of Person	
		Firm/Company	
_	2121 Arende	11 way	
		Address	
	Tallahassee	FL 32308	
	<u>Colechepar</u>	City/State and Zip Code	
	िmail nadre%:: (to be used	for future annual report notification)	
For further infor	rmation concerning this matter, pleas	e call:	
•	Colc at (	850 1945514	,.
~	a. \	Area Code Daytime Telephone Number	
Enclosed is a	check for the following amount;	•	
\$125.00 Filing	g Fee S130.00 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

The name of	CI - Name: of the Limited Liability	Company is:					
	Colean	erpak LLC	ن				
		th the words "Limited I		ny, "L.L.C.,"	or "LLC.")	,	<del></del>
	E II - Address: g address and street add	lress of the principal off	ice of the Limit	ed Liability (	Company is:		·
	<u>Principal</u>	Office Address:			Mailing Ad	idress:	•
	~ <del></del>	ell way		2121 L. Tallahus	renotell sec. FL	way	82308 8
ARTICLE			Pagistared A	,			<del></del>
(The Limit another by	E III - Registered Agen led Liability Company of usiness entity with an ac	t, Registered Office, & annot serve as its own F tive Florida registration	Registered Agen	gent's Signat	ture:	individual	
(The Limit another by	E III - Registered Agen led Liability Company of usiness entity with an ac	t, Registered Office, & annot serve as its own F tive Florida registration	Registered Agen	gent's Signat	ture:	individual	
(The Limit another by	E III - Registered Agen led Liability Company of usiness entity with an ac	t, Registered Office, & annot serve as its own F tive Florida registration	Registered Agen	gent's Signat	ture:	individual	
(The Limit another by	E III - Registered Agen led Liability Company of usiness entity with an ac	t, Registered Office, & annot serve as its own F tive Florida registration ddress of the registered Columns	Registered Agen L.) agent are: CAC Name	gent's Signat it. You must o	ture:	individual	
(The Limit another by	E III - Registered Agen led Liability Company of usiness entity with an ac	t, Registered Office, & annot serve as its own F tive Florida registration ddress of the registered Columns	Registered Agen L.) agent are: Servare Name	gent's Signat t. You must o	ture: designate an	individual	
(The Limit another by	E III - Registered Agen led Liability Company of usiness entity with an ac	t, Registered Office, & annot serve as its own F tive Florida registration ddress of the registered Colc. Ch.	Registered Agen L.) agent are: Servare Name	gent's Signar t. You must o	ture: designate an	individual	

Having been named as registered agent and to accept service of process for the above stated limited liquility 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)

Page I of 2

OCT 2 4 2016

T. SCOTT

18年27年新川:41

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
Coleletterpean		
•		
<u>mer</u>	Cole Charpak 2121 Arended way 32308 Tell. FL	
·		
(Use attachment if necessary)		•
If an effective date is listed, the date must be specific an	c: (OPTIONAL)  nd cannot be more than five business days prior to or 90	days after
If an effective date is listed, the date must be specific and he date of filing.)  Note: If the date inserted in this block does not meet the he document's effective date on the Department of State	ad cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not	
If an effective date is listed, the date must be specific and he date of filing.)  Note: If the date inserted in this block does not meet the he document's effective date on the Department of State	ad cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not	
If an effective date is listed, the date must be specific and he date of filing.)  Note: If the date inserted in this block does not meet the he document's effective date on the Department of State	ad cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not	
he date of filing.)  Note: If the date inserted in this block does not meet the the document's effective date on the Department of State ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	ad cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not	
If an effective date is listed, the date must be specific and he date of filing.)  Note: If the date inserted in this block does not meet the the document's effective date on the Department of State ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	applicable statutory filing requirements, this date will not 's records.	
If an effective date is listed, the date must be specific and the date of filing.)  Note: If the date inserted in this block does not meet the he document's effective date on the Department of State ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform	ad cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not 's records.	be listed a
If an effective date is listed, the date must be specific and the date of filing.)  Note: If the date inserted in this block does not meet the the document's effective date on the Department of State ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform	applicable statutory filing requirements, this date will not 's records.  The anauthorized representative of a member.  Accordance with section 605.0203 (1) (b), Florida Statutes.  The nation submitted in a document to the Department of State	be listed a
If an effective date is listed, the date must be specific and the date of filing.)  Note: If the date inserted in this block does not meet the he document's effective date on the Department of State ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony.	applicable statutory filing requirements, this date will not 's records.  The anauthorized representative of a member.  Accordance with section 605.0203 (1) (b), Florida Statutes.  The nation submitted in a document to the Department of State	be listed a
If an effective date is listed, the date must be specific and he date of filing.)  Note: If the date inserted in this block does not meet the the document's effective date on the Department of State ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony.	applicable statutory filing requirements, this date will not 's records.  The an authorized representative of a member. Secondance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State y as provided for in s. 817.155, F.S.	be listed a
If an effective date is listed, the date must be specific and he date of filing.)  Note: If the date inserted in this block does not meet the the document's effective date on the Department of State ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony.	applicable statutory filing requirements, this date will not 's records.  or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State y as provided for in s. 817.155, F.S.  Education State of State	be listed a