

L19 000 233210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

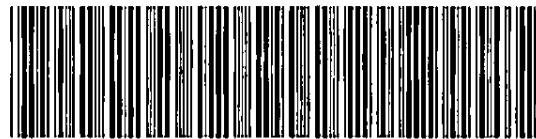
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800334305078

09/16/19--01027--030 **55.00

M. MOON

SEP 25 2019

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19 SEP 16 AM 8:23
SECRETARY
TALLAHASSEE

August 28, 2019

Department of State
Divisions of Corporations
PO Box 6327
Tallahassee FL 32314

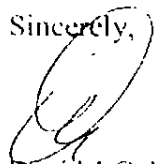
Re: Rejected Filing
Document Number: W19000077118
Entity Name: TJ COOPER ENTERPRISES LLC
Tracking Number: 100333224871

To whom it may concern:

Please be advised that we have no plans to retroactively reinstate this company and are releasing the name TJ Cooper Enterprises LLC. We would like the Articles of Incorporation processed on as soon as possible and do understand the effective date, once processed, will be for 2019.

Please process this request at your earliest convenience, should you have any further questions, please do not hesitate to contact me at 954-354-2785.

Sincerely,



David J Cohen,
Registered Agent

954-354-2785

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 SEP 16 AM 8:23

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: TJ COOPER ENTERPRISES 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:

TERRY COOPER

Name of Person

TJ COOPER ENTERPRISES LLC

Firm/Company

24 COLONIAL CLUB DRIVE #204

Address

BOYNTON BEACH FL 33435

City/State and Zip Code

DCOHEN@SOUTHFLORIDATAXES.COM

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

For further information concerning this matter, please call:

TERRY COOPER

419

283-7577

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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19 SEP 16 AM 8:23
SECRET
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TJ COOPER ENTERPRISES LLC

(Must contain 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:

24 COLONIAL CLUB DRIVE #204

#204

BOYNTON BEACH FL 33435

Mailing Address:

24 COLONIAL CLUB DRIVE

#204

BOYNTON BEACH FL 33435

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:

DAVID J COHEN

Name

2151 W HILLSBORO BLVD, STE 206

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

DEERFIELD BEACH

FL

33442

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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19 SEP 16 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, 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

MGR

Name and Address:

TERRY COOPER

24 COLONIAL CLUB DRIVE #204

BOYNTON BEACH FL 33435

(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.

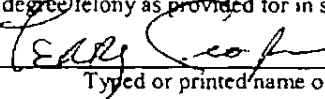
ARTICLE VI: Other provisions, if any.

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.



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)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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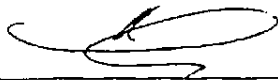
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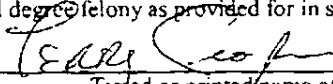
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