

L22000268330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

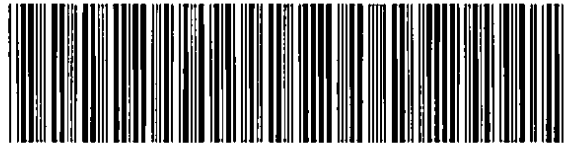
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Please Call when
Ready for Pick-up
Jessica - 850-765-7764
Thank You!!!

Office Use Only



000389107330

06/13/22--01005--024 **125.00

RECEIVED
2022 JUN 13 PM 12:28
TALLAHASSEE, FL

FILED
2022 JUN 13 AM 8:59
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: COPPER STONE DEVELOPMENT 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:

JESSICA MCGREW

Name of Person

MCGREW LAW FIRM

Firm/Company

2810 REMINGTON GREEN CIRCLE

Address

TALLAHASSEE, FL 32308

City/State and Zip Code

jessica@mcgrewlawfirm.com

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

For further information concerning this matter, please call:

JESSICA MCGREW

850

765-7764

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 JUN 13 AM 8:59

COPPER STONE DEVELOPMENT LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2810 REMINGTON GREEN CIR
TALLAHASSEE FL 32308

P.O. BOX 15887
TALLAHASSEE, FL 32317

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:

MCGREW LAW FIRM

Name

2810 REMINGTON GREEN CIRCLE

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

| | | |
|--------------------|-----------|--------------|
| <u>TALLAHASSEE</u> | <u>FL</u> | <u>32308</u> |
| 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..

Jessica G. McGrew

Registered Agent's Signature (REQUIRED)

(Pres/Dir. Jessica G. McGrew PA d/b/a
MCGREW LAW FIRM)

(CONTINUED)

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:

MGR

RICHARD YATES
2810 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308

2022 JUN 13 AM 8:59
STATE OF FLORIDA
TALLAHASSEE, FL

FILED

(Use attachment if necessary)

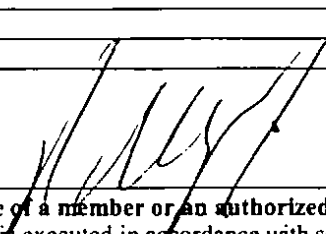
ARTICLE V: Effective date, if other than the date of filing: 6/8/2022 (OPTIONAL)

(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.

RICHARD YATES

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)