

L23000261807

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.

(((H23000198197 3)))

Fax Audit No. H23000198197 3



H230001981973ABC7

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 : NELSON MULLINS RILEY & SCARBOROUGH LLP
Account Number : I19990000199
Phone : (850)681-6810
Fax Number : (850)681-9792

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

Email Address: jonathan.gopman@nelsonmullins.com

**FLORIDA LIMITED LIABILITY CO.
KOPCAK PROPERTIES HOLDINGS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED

2023 MAY 31 PM 4:46

CORPORATIONS
TALLAHASSEE, FLSECRETARY OF STATE
TALLAHASSEE, FL

2023 MAY 31 PM 1:16

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 7DD8C817-DE7D-46E9-BCF4-EE4F2F6895EC

Fax Audit No. H23000198197 3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KOPCAK PROPERTIES HOLDINGS 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:

JONATHAN GOPMAN

Name of Person

Nelson Mullins Riley & Scarborough

Firm/Company

8625 Tamiami Trail North, Suite 202

Address

Naples, FL 34103

City/State and Zip Code

jonathan.gopman@nelsonmullins.com

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

For further information concerning this matter, please call:

Jonathan Gopman

239

425-0401

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

Fax Audit No. H23000198197 3

DocuSign Envelope ID: 7DD8C817-DE70-46E9-BCF4-EE4F2F68895EC

Fax Audit No. H23000198197 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KOPLAK PROPERTIES HOLDINGS 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:8625 Tamiami Trail North, Suite 202
Naples, FL 34108Mailing Address:8625 Tamiami Trail North, Suite 202
Naples, FL 34108**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:

Jonathan Gopman

Name

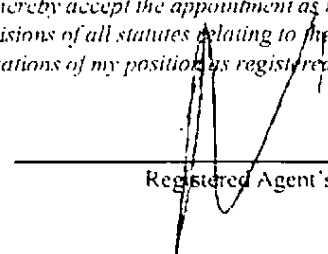
8625 Tamiami Trail North, Suite 202Florida street address (P.O. Box **NOT** acceptable)NaplesFL34108

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)



FILED
2023 MAY 31 PM 1:16
 SECRETARY OF STATE
 TALLAHASSEE, FL

Fax Audit No. H23000198197 3

DocuSign Envelope ID: 7DD8C817-DE70-46E9-BCF4-EE4F2F6895EC

Fax Audit No. H23000198197 3

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:MGRJason Kopeak5100 Tamarind ReefChristiansburg, VA 22602

(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:**

DocuSigned by:

Jason Kopeak

CC5F0CEB6-7E80B

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.

Jason Kopeak

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)

2023 MAY 31 PM 1:16
 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED

Fax Audit No. H23000198197 3