L23000337200

questor's Name)	
dress)	
dress)	
u1033)	
y/State/Zip/Phone	e #)
WAIT	MAIL
ciness Entity Nan	na)
Silless Chury Nan	
cument Number)	
Certificates	of Status
	 -
Filing Officer:	
	i
	dress) y/State/Zip/Phone WAIT siness Entity Nan

Office Use Only



500409733515

97/18/23--01004--003 **125.00

ALLAHASSEE, FLORIL

RECEIVED

123 J. 12 P.E.12: 01

COVER LETTER

TO: New Filing Sec Division of Co			
SUBJECT:	Tiger Serving Name of Lim	NCES LLC ited Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
	James Je	Radgers Name of Person	
	Tic	JEIN/Company	
4	572 Fores	_	
	Tallahasse Ci Jeffrodger E-mail address: (10 bedsed 1	ty/State and Zip Code S7777 Eyaho for future annual report notificati	5 00. com
	ncerning this matter, please		
James 1 Nam	Rodges at (stee of Person Ar	250) 570-38 ea Code Daytime Telephone	O 8
Enclosed is a check for t	he following amount:		
As 125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□S160,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address iling Section	Street Address New Filing Section Di	vision

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Copiah Services 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:	Mailing Address:
4572 Forest Ridge Dr Jallah xee FL 32309	4572 Forest Ridge D'

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:

James Jeff Rodgers

Name

4572 Forest Ridge Dr

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

Tallahassee FL 32309

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)

2028 JUL 13 PHI2: 01

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Tomas TOCH Pidness
	James Sett Roages
	751/2 Porest Klage Dr
	James Jeff Rodgers 4572 Forest Rage Dr Tallahassee FL 32309
	
(Use attachment if necessary)	
he date of filing.)	not meet the applicable statutory filing requirements, this date will not be listed as nent of State's records.
REQUIRED SIGNATURE:	A 114 -
	VIII Comment
This document is ex I am aware that any	a member of an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
	James Jeff Rodgers Typed or printed name of stance
	Typed or printed name of signee
	Filing Fees:
\$175 00 Filing For for Artiglar o	Organization and Decignation of Decistarial Agent

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)