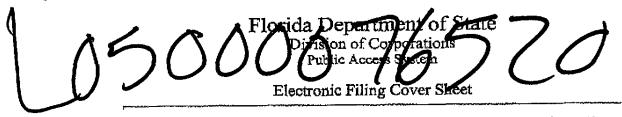
Division of Corporations

Page 1 of 1



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.

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number ± (850)878-5926

## LIMITED LIABILITY COMPAN

## CEI Group International, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filling Manua

Corporate Filing

Public Access Help

https://cfile.sunbiz.org/scripts/efilcovr.exe

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
CEI GROUP INTERNATIONAL, LLC	
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
905A S. HIGHWAY 17-92	905A S. HIGHWAY 17-92
DeBary, FL 32713	DeBary, FL 32713
ARTICLE III - Registered Agent, Registered	Office & Desistand Ament's Cigantures
ANTICLE III - Regulered Agont, Registered	Oute, at hegisteled agent 5 dignature.
The name and the Florida street address of the re-	gistered agent are:
C T Corporation	n System
Name	100
1200 South Pine I	rland Road ASS 05
Fjorida street addr	ess (P.O.Box NOT acceptable)
Plantation, Flori	da 33324
Clty, State, an	ud Zip (y) o
liability company at the place designated in th	ccept service of process for the above stated limited its certificate, I have by accept the appointment as I flather agree to comply with the provisions of all
statutes relating to the proper and complete per	formance of my duties, and I am familiar With and
accept the obligations of my position as regist	ered askyl as provided for in Chapter 608.75.
MUNICALI I	Mark Soundary
Registered Agen	t's Signature
A single state of the state of	(ZTE)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	John C. Cook		
PAGE PGFS	#7 Oak Point Landing	<del></del>	
	Hilton Head, South Carolina 29928		
MGRM	George J. Cook		
	3930 Bigherest Drive Brighton, MI 48116	<del></del>	
	Brighton, Wil 40110		
		<del></del>	
	₽**	-	
		<del></del>	
	<u> </u>		
		<del></del>	
(Use attachment if necessary)			
NOTE: An additional article must be	added if an effective date is requested.		
REQUIRED SIGNATURE:		•	
/ 10	_CC_&	TALE 95	
Signature of a member of	an authorized representative of a member.	TANK T	Ī
(In accordance with section of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury in are true.)	Sign 4	<b>79</b>
John C.	Cook, Managing Member	(A) 🗷 5 A	_
Typed	or printed name of signee		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Filing Foes:		AM II: 08 EE, FLORID	نكتين
\$125.00 Filing Fee for Articles of Organiza of Registered Agent	tion and Designation	. <b>9</b>	
\$ 30.00 Certified Copy (Optional)	•••	r =	
5 5.00 Certificate of Status (Optional)	$\mathcal{F}_{-}$		

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