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SECRETARY OF STATE

T. CLINE MAR 1 7-2012

**EXAMINER** 

## **COVER LETTER**

Division of Corporations
SUBJECT: CET Enter Prising _ 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:
Jennifer Vanderlind
Name of Person
CEJ Enterprising LLC Firm/Company
3589 S. Ocean Blud 4606
Address
S. Palm Brach F 33480  City/State and Zip Code
City/state and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail accuress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jennifec at (702) 481-8340
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLO	OKIDA LIVILLED LIABILI	I COM ANT
ARTICLE I - Name: The name of the Limited Liability Company is:		
(Must end with the words "Limited Liability	ey Company, "L.L.C.," or "LLC.")	- 
ARTICLE II - Address: The mailing address and street address of the printing.	ncipal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
3589 5.0(ean Bluch \$606 5, Palm Brach 51 33480	Same	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the register address of the register.	ered Agent. You must designate an individ	
Jennifer Name	Janderlind	
Name  3589 5. Oc  Florida street addr  S. Ralm Beach,  City, State	ress (P.O. Box NOT acceptable)	56
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per accept the obligations of my position as registered.	sccept service of process for the a nis certificate, I hereby accept the I further agree to comply with t formance of my duties, and I am	appointment as the provisions of all familiar with and
Registered Agent's Signatu (CONTINU	. •	2012 MAR -9 SECNETARY OF
Page 1 of 2		AND SE

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
mGB	Jenniter Vander Lind
	Jennifer Vander Lind 3589 S. Orean Blud #600 S. Ralm Brach F1 33480
	5. Palm Brach f1 33480
m(BM	Christopher Smart
10,10	3589 S. Orean Blud #606 S. Palm Beach & 3348
	S. Palm Beach fi 3348
	· ·
ffective date is listed, the date must	he date of filing: (OPTIONAL be specific and cannot be more than five business days
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