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B. BOSTICK SEP **11** 2014

EXAMINER

TO: Begistration Section Division of Corporations	
SUBJECT: C & A Removal 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:  Deborah  Cox  Name of Person	
Firm/Company	
10738 Northridge ct	
Trinity FLorida 34655  City/State and Zip Code	
Deborah Cox & Tampabay. rr. com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
Deborah Cox (2) / Ampabay . C. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Deborah Cox  at (727) 204-9668  Name of Person  Area Code  Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \]  \$\text{Certified Copy} \\ \text{(additional copy is enclosed)} \]  \$\text{Certified Copy} \\ \text{(additional copy is enclosed)} \]	

COVER LETTER#

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICIANO ONCE IN THE CONTRACT OF THE CONTRACT
ARTICLE I - Name: The name of the Limited Liability Company is:
C & A Removal LLC
(Must end with 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:
10738 Northridge ct = 5Am e Trivity FL 34655
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:    Deberah Cox     Name     10738 Northridge C+     Florida street address (P.O. Box NOT acceptable)     TriNity   FL 3465     City   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)
Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR AMBR	Deborah Cox 10738 Northridge ct
AMBR	Anthony Diello 10738 Northridge ct Trinity FC 34655
(Use attachment if necessary)	filing: (OPTIONAL)
fective date is listed, the date must be speci	fic and cannot be more than five business days prior to or 90 d
fective date is listed, the date must be speci of filing.)	fic and cannot be more than five business days prior to or 90 d
fective date is listed, the date must be speci of filing.)	fic and cannot be more than five business days prior to or 90 d
REOUIRED SIGNATURE:  Signature of a member	ber or an authorized representative of a member.  2023 (1) (b), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true, thion submitted in a document to the Department of State as provided for in s.817.155, F.S.)
REOUIRED SIGNATURE:  Signature of a member	ber or an authorized representative of a member.  20203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. Intion submitted in a document to the Department of State as provided for in s.817.155, F.S.)  A COX ANTONIA STATE OF TYPED OF TYPE
REQUIRED SIGNATURE:  Signature of a memiliar (In accordance with section 605.0 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony and the I am aware that any false information the I am aware the I	ber or an authorized representative of a member.  20203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, thion submitted in a document to the Department of State as provided for in s.817.155, F.S.)  A HOWY RIPED OF TYPED

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

ARTICLE IV-