

L14000158113

10/9/2014

Division of Corporations

Florida Department of State
Division of Corporations
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Division of Corporations
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the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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RECEIVED
14 OCT -9 PM 12:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
C Stringer LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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FILED
14 OCT -9 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C Stringer, 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:

5722 NW 17th Avenue
Miami, FL 33142

1345 NW 125th Street
North Miami, FL 33167

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:

Charles Stringer

Name

7537 NW 3rd Avenue

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

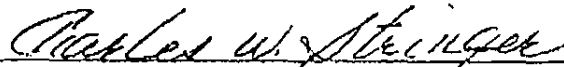
Miami

City

FL 33150

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)

Charles Stringer

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Jemmie L. Noble

1345 NW 125th Street

North Miami, FL 33167

AMBR

Richard Jackson

2681 NW 50th Street, Apt. A

Miami, FL 33142

AMBR

Charles Stringer

7537 NW 3rd Avenue

Miami, FL 33150

AMBR

Wilfred Christopher

2271 NW 58th Street

Miami, FL 33142

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Charles W. Stringer

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Charles Stringer

Typed or printed name of signee

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