

# L000000001828

## ATTORNEYS' TITLE

Registrant's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

850-222-2785

City/St/Zip

Phone #

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- C&T-S,A, L.C.

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

00 FEB 18 AM 8:40

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-02/18/00--01020--008  
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Examiner's Initials

VB

2-18-00

APPROVED  
AND  
FILED

00 FEB 18 AM 10:39

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I — Name:**

The name of the Limited Liability Company is:

**C&T-S, A, L.C.**

**ARTICLE II — Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Mailing Address: C&T-S, A, L.C.  
c/o Jack O. Hackett II, Esquire  
Farr, Farr, Emerich, Sifrit,  
Hackett & Carr, P.A.  
P.O. Drawer 511447  
Punta Gorda, Florida 33951-1447**

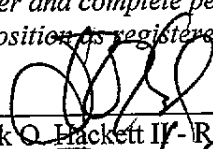
**Street Address: 115 West Olympia Avenue  
Punta Gorda, Florida 33951-1447**


**ARTICLE III — Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**Jack O. Hackett II, Esquire  
Farr, Farr, Emerich, Sifrit,  
Hackett and Carr, P.A.  
115 West Olympia Avenue  
Punta Gorda, Florida 33951-1447**

*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 608, F.S.*

  
\_\_\_\_\_  
Jack O. Hackett II - Registered Agent

  
\_\_\_\_\_  
Jack O. Hackett II, Authorized Representative  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jack O. Hackett II  
Typed or printed name of signer

APPROVED  
FILED  
00 FEB 19 01:10:39  
SOUTHERN  
FLORIDA