

**L010000003841**

March 5, 2001

Florida Dept. of State  
Division of Corp.  
P.O. Box 6327  
Tallahassee, FL 32314

400003829054--6  
-03/09/01--01119--016  
\*\*\*\*155.00 \*\*\*\*155.00

**RE: ARTICLES OF ORGANIZATION**

**CDZ SERVICES, LLC**

Dear Sir/Madam:

Enclosed are the **Articles of Organization** in duplicate, for the above-referenced limited liability company, together with one check in the amount of \$155.00 to cover the filing fees and certified copy request..

Please file in your office and return the confirmation of filing to:

**The Aegis Company  
Attn: Karen Ritter  
11022 Southwest Highway  
Palos Hills, IL 60465**

FILED  
01 MAR -9 PM 4: 26  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

Thank you for your attention to this matter. If you have any questions, please call 708-974-3232.

Sincerely,

*Karen Ritter*  
Karen Ritter

Enclosures

**L01-3841**  
**OK**

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

CDZ SERVICES, LLC

## ARTICLE II - Address:

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

504 CHATHAM CIRCLE, NAPLES, FLORIDA 34110

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

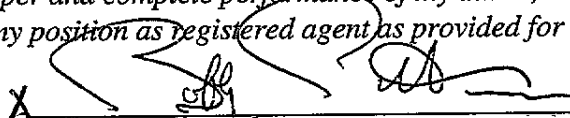
BOBBY PITTMAN

Name  
504 CHATHAM CIRCLE

Florida street address (P.O. Box **NOT** acceptable)  
NAPLES, FL 34110

City, State, and 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 608, F.S..*

X 

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested.)

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

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

BOBBY PITTMAN

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

FILED  
01 MAR -9 PM 4: 25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA