

L020000028133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies

1

Certificates of Status

Special Instructions to Filing Officer:

③ 10/23 FLUC

Office Use Only



900008505879

7000

900008505879  
10/23/02--01042--013 \*\*155.00

DIVISION OF REGISTRATION

02 OCT 23 AM 11:54

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 OCT 23 PM 2:13

FILED

**GRAYHARRIS**  
ATTORNEYS AT LAW

GRAY, HARRIS & ROBINSON, P.A.  
SUITE 600  
301 SOUTH BRONOUGH ST. (32301)  
P.O. BOX 11189  
TALLAHASSEE, FLORIDA 32302-3189  
TEL 850-222-7717  
TEL 850-577-9090  
FAX 850-222-3494  
FAX 850-577-3311  
WEB grayharris.com

E-MAIL ADDRESS

October 23, 2002

Division of Corporations  
George Firestone Building  
409 East Gaines Street  
Tallahassee, FL 32301

**Via Hand Delivery**

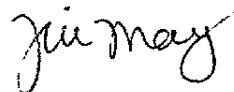
To Whom It May Concern:

Enclosed for filing, please find the **ARTICLES OF ORGANIZATION**, along with a check in the amount of **\$155.00** for the applicable filing fees and fees to obtain a **CERTIFIED COPY** for the following entity:

**CITY SOLUTIONS CENTRAL FLORIDA, LLC**

Upon receipt, please "date stamp" the copy of this letter provided, and call me at 222-7717, when the document is ready. Thank you for your assistance in this matter.

Very truly yours,



Jill W. May, Paralegal

/jwm  
Enclosures

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

FILED  
02 OCT 23 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

CITY SOLUTIONS CENTRAL FLORIDA, LLC

**ARTICLE II - Address:**

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

1565 LAS TUNAS ROAD  
SANTA BARBARA, CALIFORNIA 93108

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

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

MICHAEL E. NEUKAMM, GRAY, HARRIS & ROBINSON, P.A.  
301 E. PINE STREET, SUITE 1400  
ORLANDO, FLORIDA 32801

*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..*



REGISTERED AGENT'S SIGNATURE

**Article IV - Management:**

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



AUTHORIZED REPRESENTATIVE'S SIGNATURE

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.

MICHAEL E. NEUKAMM, AUTHORIZED REPRESENTATIVE

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)