

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

**Special Instructions to Filing Officer:**

Name \_\_\_\_\_  
 Accessibility \_\_\_\_\_

Document	
Examiner	Doc
	Office Use Only

Updater non,

Upditer  
Verifiver

Acknowledgement DCC

W. P. Verifyer      DCC



200014428862

04/14/03--01005--024 \*\*46.25

03/24/03--01082--008 \*\*78.75

FILED

03 APR 11 PH 4:20

ALLAHASSE, LORNA

money

2. TAX  
PAID 46.25  
DUE DATE  
DUE

**WELLER & LOSNER**

Attorneys at Law  
65 N.W. 16th Street  
Homestead, Florida 33030

THOMAS R. WELLER  
STEVEN D. LOSNER

Telephone: (305) 247-2522  
Fax: (305) 247-9000

March 20, 2003

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

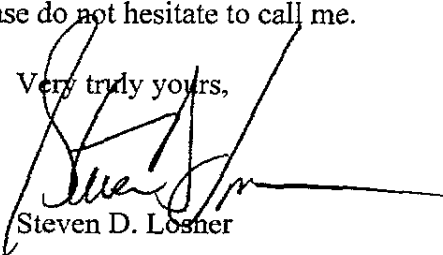
**Re: CIP TREE SERVICES, LLC**

Dear Sir/Madam:

Enclosed please find the original and one (1) copy of the Articles of Organization for the above referenced corporation, together with a check in the amount of \$78.75 representing your filing fee and fees for certified copies. Accordingly, a self-addressed, stamped envelope has been provided for your convenience in returning the certified copy to my office.

Should you have any questions, please do not hesitate to call me.

Very truly yours,

  
Steven D. Losner

SDL/sat  
enclosures

FILED  
03 APR 11 PM 4:20  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 25, 2003

STEVEN D. LOSNER  
WELLER & LOSNER  
65 N.W. 16TH STREET  
HOMESTEAD, FL 33030

SUBJECT: C I P TREE SERVICES, L.L.C.  
Ref. Number: W03000008549

We have received your document for C I P TREE SERVICES, L.L.C. and check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$46.25. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 203A00018142

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**C I P TREE SERVICES, L.L.C.**

**ARTICLE II - Address:**

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

**8603 SOUTH DIXIE HIGHWAY, SUITE 208, MIAMI, FLORIDA 33143**

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

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

**STEVEN D. LOSNER**

Name

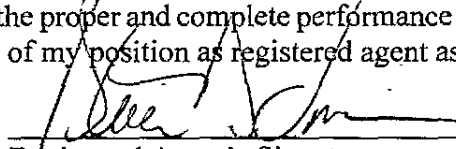
**65 NW 16<sup>TH</sup> STREET**

Florida Street Address (P.O. Box **NOT** acceptable)

**HOMESTEAD, FLORIDA 33030**

City, State, and Zip

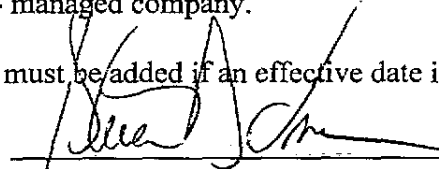
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

  
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)

  
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).

**STEVEN D. LOSNER, Authorized Representative**

Typed or printed name of signer

03 APR 11 PM 4:21  
FILED  
TALLAHASSEE, FLORIDA