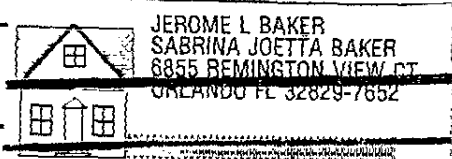


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JEROME L BAKER
SABRINA JOETTA BAKER
6855 REMINGTON VIEW CT
ORLANDO FL 32829-7652

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

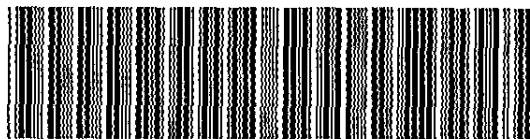
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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Sp [signature]

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C.A.S.H. LLC.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. ME & Sabrina Baker
(Name of Person)

NA
(Firm/Company)

6855 Remington View Court.
(Address)

Orlando FL 32829
(City/State and Zip Code)

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W03-15171

For further information concerning this matter, please call:

Sabrina at (407) 625-5497
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 29, 2003

JEROME & SABRINA BAKER
6855 REMINGTON VIEW COURT
ORLANDO, FL 32829

SUBJECT: C.A.S.H. LLC
Ref. Number: W03000015171

We have received your document for C.A.S.H. LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please note that you may name only one individual as registered agent, and that individual must sign accepting the designation. We are enclosing a blank form if you need it, or you may sign and correct your original form.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 303A00033674

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C.A.S.H. LLC

ARTICLE II - Address:

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

7380 Sand Lake Rd.
Orlando FL 32819

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

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

Jerome L. Baker
Name
6855 Remington View Crt.
Florida street address (P.O. Box NOT acceptable)
Orlando FL 32829
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..

Jerome L. Baker
Registered Agent's Signature

(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.)

Jerome L. Baker
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)

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DIVISION OF CORPORATIONS
03 JUN 19 AM 9:23

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

C.A.S.H. LLC

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

Jerome J. Sabena Baker
(Name)

6555 Remington View Court
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Orlando FL 32829
City/State/Zip

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DIVISION OF CORPORATIONS
03 JUN 19 AM 9:22

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..

Jerome J. Baker
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)