

L03000025062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

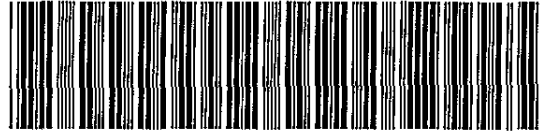
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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DIVISION OF CORPORATIONS
03 JUL -2 AM 9:26

HARVIN & HARVIN

900 East Ocean Blvd. Suite 210-B, Stuart, FL 34994 Tel 772-286-3630 Fax 772-286-6166

Judith A. Young
Legal Assistant

June 30, 2003

Florida Department of State
Registration Section
Division of Corporation
PO Box 6327
Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Re: Articles of Organization for Florida Limited Liability Company for:

Cepheus Systems, LLC
mailing and Street address
459 SW 8th St. #5
Boca Raton, Florida 33432

Amit Kaplish
Registered Agent
Name and Florida Street Address
459 SW 8th St. #5
Boca Raton, Florida 33432

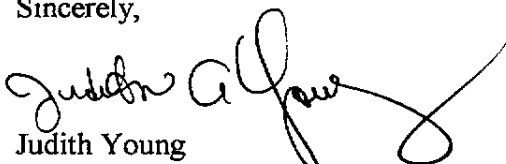
Dear Madam/Sir:

Enclosed please find:

1. Articles of Organization For Florida Limited Liability Company in the above-captioned case.
2. Our check in the sum of \$160.00 to cover the
 - a. Filing Fee
 - b. Designation of Registered Agent
 - c. Certified Copy
 - d. Certificate of Status (4)

If you require any further information, please advise us as soon as possible.

Sincerely,


Judith Young
Legal Assistant

encs.

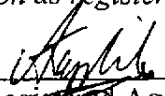
**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE 1 – Name: The name of the LLC is:
Cepheus Systems, LLC

ARTICLE 2 – Address: The mailing address and street address of the principal office of the LLC is:
459 SW 8th Street #5
Boca Raton, FL 33432

ARTICLE 3 – Registered Agent, Registered Office, Resident Agent's Signature:
The name and Florida street address of the registered agent are:
Amit Kaplish
459 SE 8th Street #5
Boca Raton, FL 33432

Having been named as registered agent and to accept service of process for the above stated professional 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 as provided for in Chap 608, F.S.



Registered Agent's Signature



Member Signature

AMIT KAPLISH

Printed Name of Member

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