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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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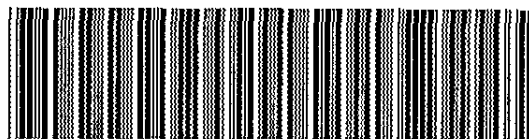
(Business Entity Name)

(Document Number)

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JAMES CORPORATION  
TALLAHASSEE, FLORIDA

J. BRYAN OCT - 2 2003

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Custom Accounting Solutions, 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:

Elaine Mott

(Name of Person)

Custom Accounting Solutions, LLC

(Firm/Company)

P.O. Box 1481

(Address)

Santa Rosa Beach, FL 32459

(City/State and Zip Code)

For further information concerning this matter, please call:

Elaine Mott

(Name of Person)

at ( 850 ) 231-6388

(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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Custom Accounting Solutions, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

32 E Hwy C-30A

Suite 202

Grayton Beach, FL 32459

**Mailing Address:**

P.O. Box 1481

Santa Rosa Beach, FL 32459

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

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

Elaine Mott

Name

12 Pointe Circle

Florida street address (P.O. Box **NOT** acceptable)

Santa Rosa Beach FL 32459

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..*

*Elaine Mott*

Registered Agent's Signature

(CONTINUED)

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CLERK OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Elaine Mott

P.O. Box 1481

Santa Rosa Beach, FL 32459

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Elaine Mott  
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.)

Elaine Mott  
Typed or printed name of signer

**Filing Fees:**

155 {  
\$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)