

LD3 000038245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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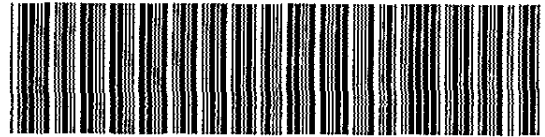
(Business Entity Name)

(Document Number)

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MIDDLE DISTRICT
FLORIDA

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LD3-38245
JR



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 25, 2003

R. CLAY CULPEPPER
3327 NOTTINGHAM DRIVE
TALLAHASSEE, FL 32312

SUBJECT: CGS PARTNERS, LLC
Ref. Number: W03000027553

We have received your document for CGS PARTNERS, LLC and check(s) totaling \$180.00. However, your check(s) and document are being returned for the following:

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 903A00052847

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: CGS Partners, LLC

ARTICLE II - Address:

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

3327 Nottingham Dr. Tallahassee, FL 32312

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

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

B. Clay Culpepper
Name
3327 Nottingham Dr.
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee, FL 32312
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.

B. Clay Culpepper
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

B. Clay Culpepper
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.)

B. Clay Culpepper, Managing Member of CGS Partners, LLC
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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