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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

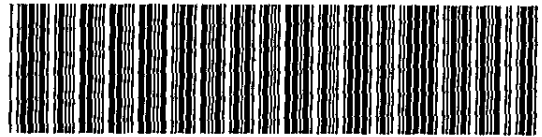
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section*
Division of Corporations

SUBJECT: C-Us LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Geneva Crouch
(Name of Person)

C-Us, LLC
(Firm/Company)

PO Box 5421
(Address)

Ocala, FL 34478-5421
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Geneva Crouch at (352) 401-3660 OR
(Name of Person) (Area Code & Daytime Telephone Number)
352 629-1255

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

C-Us LLC.

ARTICLE II - Address:

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

Principal Office Address:

Geneva Crouch
4465 NE 3 Court
Ocala, FL 34479

Mailing Address:

Geneva Crouch
PO Box 5421
Ocala, FL 34478

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

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

Geneva Crouch
Name
4465 NE 3rd Court
Florida street address (P.O. Box **NOT** acceptable)
Ocala FLORIDA 34479
City, State, and Zip

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TALLAHASSEE, FLORIDA

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, Florida Statutes..

Geneva Crouch
Registered Agent's Signature

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:

MGR

Timothy Crouch
4465 NE 3rd Court
Orala, FL 34479

MGRM

Shanon D Crouch
3690 SE 141st Lane
Summertield, FL 34491

MGRM

Shane M Crouch
2312 NE 37th Street
Orala, FL 34479

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Geneva Crouch

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.)

Geneva Crouch

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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TALLAHASSEE, FLORIDA

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