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ALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

Division of Corporations

SUBJECT: C.P.S. Services, L.L.C.

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

TO:

Registration Section

Please return all correspondence concerning this matter to the following:

Claude P. Sellers Jr.

(Name of Person)

CPS Services, L.L.C.

(Firm/Company)

834 Laurel Street

(Address)

Tallahassee, FC, 32303

For further information concerning this matter, please call:

Claude P. Sellers Jr. at 850 538 - 1966 (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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ALAHAS COROLLAR

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Services.

ARTICLE II - Address:

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

**Principal Office Address:** 

Tallahassee

Mailing Address:

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

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

Claude P. Sellers,

834 Laurel Street
Florida street address (P.O. Box NOT acceptable)

Tallahassee, Florida 32303 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, Florida Statutes..

Page 1 of 2 (CONTINUED)

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	Claude P. Sellers, Jr. 834 Laurel Street Tallahassee, Florida 3230	
(Use attachment if necessary)		
NOTE: An additional article must be	e added if an effective date is requested.	
REQUIRED SIGNATURE:  Signature of a member or an a	authorized representative of a member.	
(In accordance with section 608 of this document constitutes an that the facts stated herein are t	8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury rue.)	
Claude PSe	inted name of signee	

Filing Fees:
\$100.00 Filing Fee for Articles of Organization \$\times\$
\$ 25.00 Designation of Registered Agent \$\times\$

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) \$