

L040000019789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

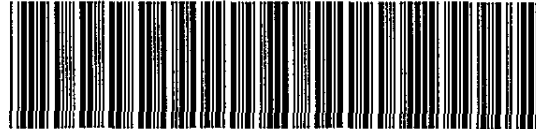
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/04/04--01060--024 **155.00

W203/12/04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -4 PM 1:39

**Connie Benson
361 NE 102 Street
Miami Shores, Florida 33138
305-531-8700**

March 3, 2004

Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: CB Accounting Services LLC

Gentlemen:

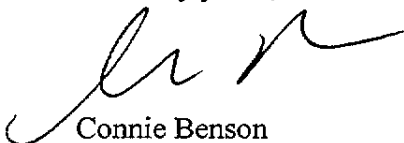
The enclosed Articles of Organization and fees are submitted for filing. The enclosed check in the amount of \$155 represents the \$100 filing fee; \$25 designation of Registered Agent; and \$30 for Certified Copy.

Please return all correspondence concerning this matter to:

Connie Benson
361 NE 102 Street
Miami Shores, Florida 33138

For further information concerning this matter please call Connie Benson at 305-531-8700.

Sincerely yours,



Connie Benson

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

CB Accounting Services LLC

ARTICLE II - Address:

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

Principal Office Address:

361 NE 102 Street, Miami Shores, FL

33138

Mailing Address:

361 NE 102 Street, Miami Shores, FL

33138

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

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

Connie Benson

Name

361 NE 102 Street

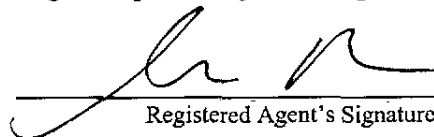
Florida street address (P.O. Box **NOT** acceptable)

Miami Shores FLORIDA 33138

City, State, and Zip

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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..



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:

MGRM

Connie Benson

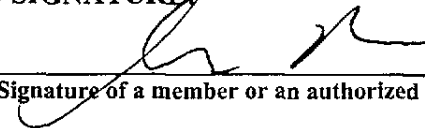
361 NE 102 Street

Miami Shores, FL 33138

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member. Managing 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.)

Connie Benson

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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