

L04000037422

(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



000035429410

05/10/04 --01052--003 **125.00

FILED
2004 MAY 10 PM 1:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN MAY 18 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

CFM, LLC

(Name of Limited Liability Company)

FILED
2004 MAY 10 PM 1:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

M TIMOTHY FARRELL

(Name of Person)

GREGORY SHARPE & STUART

(Firm/Company)

100-2nd Ave So., Suite 600

(Address)

ST. Petersburg, FL 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

M TIMOTHY FARRELL

(Name of Person)

at (727) 821-6161

(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**

FILED
2004 MAY 10 PM 1:11
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

CFM, LLC

ARTICLE II - Address:

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

Principal Office Address:

14055 - 46th ST. No.

Suite 1105

CLEARWATER, FL 33762

Mailing Address:

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

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

M. TIMOTHY FARRELL

Name

100 - 2nd AVE So., Suite 600

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

ST. Petersburg, FLORIDA 33701

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.

M. Timothy Farrell

Registered Agent's Signature

FILED
2004 MAY 10 PM 1:29
DIVISION 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

~~MANAGER~~ MGRM

Name and Address:

PORTER HAIL
14055-46th STREET No. Suite 1105
CLEARWATER, FL 33762

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

 4/30/2004
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.)

PORTER HAIL
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)