

L04000057311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

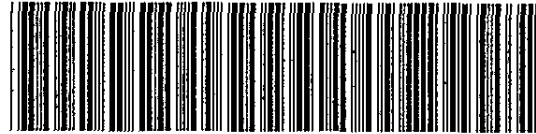
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2004 AUG - 2 PM 12:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN AUG - 3 2004

Company Name Here

Memo

To: Fl. State Division of Corporations
From: Jim Vamo
CC: [Click [here](#) and type name]
Date: July 30, 2004
Re: LLC Registration

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Please process the attached registration for LLC along with Fees for the following:

- Application Fee	\$100.00
- Designation of Registered Agent	\$25.00
- Certified Copy	<u>\$30.00</u>
Total Check #1388	\$155.00

Thank you,

Jim Vamo

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CCR Enterprises LLC
(Name of Limited Liability Company)

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TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

James E Varno
(Name of Person)

CCR Enterprises LLC
(Firm/Company)

5008 W. Linebaugh Ave Suite 14
(Address)

Tampa FL 33624
(City/State and Zip Code)

For further information concerning this matter, please call:

James Varno at (813) 748-1222
(Name of Person) (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**

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

CCR Enterprises LLC

ARTICLE II - Address:

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

Principal Office Address:

5008 W Linebaugh Ave Suite 14

Tampa Florida 33624

Mailing Address:

5008 W Linebaugh Ave Suite 14

Tampa Florida 33624

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

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

James E Varno

Name


5008 W Linebaugh Ave Suite 14

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

Tampa FLORIDA 33624

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..


7-30-04
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

James E Varno

5008 W Linebaugh Ave

Tampa Florida 33624

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

 7-30-04
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.)

James E Varno

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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