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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	si <b>ness</b> Entity Nan	ne)
(Do	cument Number)	
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Certified Copies	Certificates	of Status/
Special Instructions to	Filing Officer:	
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## TRANSMITTAL LETTER

TO: Registration Sec Division of Cor			
SUBJECT:	* G Enterpr (Name of Limited	Liability Company)	· .
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Theone	Coe	
	TheoDone	ame of Person)	
	(F	irm/Company)	
	7970 F. h.	Con Connet	
2979 Embassy Court			
	Casse /beary	FL 32707	
***************************************	(City/s	State and Zip Code)	
For further information concerning this matter, please call:			
Travara	C - (- 1	01/ 507	9197
/\cook	of Person)	at (P/6) 582 (Area Code & Daytime Te	elephone Number)
(	****** <b>,</b>	,	•
Enclosed is a check fo	r the following amount:		
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### 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&G Enterprises LLC				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:  Mailing Address:				
2979 Embossy Court Casselberry Florion 32707 2979 Embossy Court Casselberry Florion 32707				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:				
The name and the Florida street address of the registered agent are:  Theodole Gee				
2979 Em bassy Court  Florida street address (P.O. Box NOT acceptable)  Casschoracy FL 32707  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, F.S				
Registered Agent's Signature				
(CONTINUED)				

Page 1 of 2

### 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:
Manage L	Theodone Gee 2979 Embassy Court Casselberry FL 32707
Managing Me book	CASSELLEANY FL 32707  AIAMUTHOLIT  SETO NOTICE VIOLET DETUC SH  LUNGON VIEW IN 22079
<u> </u>	
(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.

(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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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