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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

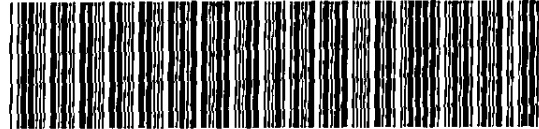
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05 FEB 18 AM 8:51
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PENSON, PADGETT & CONRAD

A PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

ALBERT C. PENSON*
TIMOTHY D. PADGETT*
LAURA K. CONRAD*
MELISSA VANSICKLE HORNSBY
ALLISON H. DEISON† (OF COUNSEL)

*CERTIFIED MEDIATOR
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2810 REMINGTON GREEN CIRCLE
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February 18, 2005

HAND DELIVERY

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32301

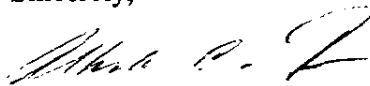
Re: C. Amazing Services, LLC

Dear Division of Corporations:

Enclosed is an original and one (1) copy of the Articles of Organization for the above-referenced corporation. Also enclosed is a check in the amount of \$155.00 representing the \$125.00 filing fee and \$30.00 for the certified copy. Please return the filed documents to our office in the enclosed self-addressed, stamped envelope.

Your cooperation in this matter is greatly appreciated..

Sincerely,



Albert C. Penson *for*
Penson, Padgett & Conrad, P.A.

ACP/lzd
Enclosures

FILED
05 FEB 18 AM 8:51
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
C. AMAZING SERVICES, LLC
A LIMITED LIABILITY COMPANY
(Pursuant to Chapter 608, Florida Statutes)

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05 FEB 18 AM 8:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. **Name.** The name of the limited liability company is:

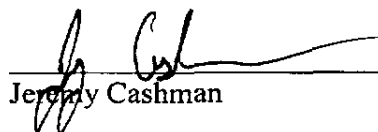
C. AMAZING SERVICES, LLC.
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

2314 Tarragon Lane
New Port Richey, Florida 34655
4. **Mailing Address.** The mailing address of the limited liability company is:

2314 Tarragon Lane
New Port Richey, Florida 34655
5. **Members at Time of Formation.** There will be at least one member at the time the limited liability company is formed.
6. **Period of Duration.** The period of duration shall be perpetual.
7. **Management.** Management of the Limited Liability Company at the time of formation is reserved for the initial member(s).
9. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are:

Jeremy Cashman
2314 Tarragon Lane
New Port Richey, Florida 34655

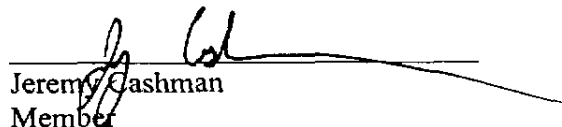
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.



Jeremy Cashman

8. **Effective Date.** The effective date of the limited liability company shall be:

February 12, 2005



Jeremy Cashman
Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)