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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: C Gand Associates | | |
| | d Liability Company) | |
| The enclosed Articles of Organization and fee(s) are s | submitted for filing. | |
| Please return all correspondence concerning this matte | _ | |
| i s | J | |
| Charles Gusmano | | |
| (| Name of Person) | |
| | | |
| | | |
| . (| Firm/Company) | |
| | | |
| 790 Hillbrath Drive, | | |
| 755 (((1))) | (Address) | |
| | (************************************** | |
| | | |
| Lantana, FL 33462 | | |
| (City, | /State and Zip Code) | |
| | | |
| For further information concerning this matter, please | call: | |
| | 504 500 0 | ^^^ |
| Charles Gusmano (Name of Person) | at (561) 561-582-6 | |
| (Name of Person) | (Area Code & Daytime 16 | elephone Number) |
| Enclosed is a check for the following amount: | | |
| □ \$125.00 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: | MAILING A | DDRESS: |
| Registration Section | Registration S | ection |
| Division of Corporations 409 E. Gaines Street | Division of Co P.O. Box 632 | |
| | I TO I DON OUT | • |

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | | |
|--|---|--|--|--|
| C G and Associates,LLC | | | | |
| ARTICLE II - Address: | | | | |
| The mailing address and street address of the pri | incipal office of the Limited Liability Company is: | | | |
| Principal Office Address: | Mailing Address: | | | |
| 790 Hillbrath Drive | 790 Hillbrath Drive | | | |
| Lantana, FL 33462 | Lantana, FL 333462 | | | |
| ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re | | | | |
| Charles Gusmano | | | | |
| Name | | | | |
| 790 Hillbrath Drive, | | | | |
| Florida street address (P.O. Box NOT acceptable) | | | | |
| Lantana, Florida 33462 | FL | | | |
| City, State, ar | nd Zip | | | |
| Having been named as registered agent and to a | ccept service of process for the above stated limited | | | |

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:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|---|
| MGRM | Charles Gusmano |
| | 790 Hillbrath Drive |
| | Lantana, FL 33462 |
| | |
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| | |
| (Use attachment if necessary) | |
| NOTE: An additional article mu | st be added if an effective date is requested. |
| REQUIRED SIGNATURE: | _ |
| CAL S | Pusa C |
| Signature of a men | ther or an authorized representative of a member. |
| (In accordance with of this document conthat the facts state | section 608.408(3), Florida Statutes, the execution nstitutes an affirmation under the penalties of perjury d herein are true.) |
| Charles Gusman | 10 |
| | 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)