

U5000035566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

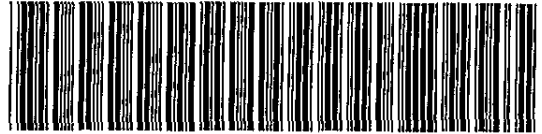
Certificates of Status 1

Special Instructions to Filing Officer:

4/8

FL IC

Office Use Only



500049561115

RECEIVED

04/08/05--01023--012 **160.00

05 APR -0 PM 1:50



SQUARED AWAY Co

PO Box 2754
Riverview, FL 33568
813-671-3676

Date: 4/7/05

Please acknowledge the enclosed Articles of Organization for Florida Limited Liability Company - CC Enterprises LLC; DBA Squared Away Co.

I am a partner and the registered agent:

Cynthia Conn
11612 Brookmore Way
Riverview, FL 33569
813-671-3676

A check for \$160.00 is enclosed to cover the \$100.00 filing fee, \$25.00 Designation of Registered Agent, \$35.00 Certified Copy and \$5.00 Certificate of status.

Sincerely,

Cynthia Conn

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: CC Enterprises LLC

ARTICLE II - Address:

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

mailing address: PO Box 2754

street address: 11612 Brookmore Way

Riverview, FL 33568

Riverview, FL 33569

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

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

Cynthia Conn
Name

11612 Brookmore Way
Florida street address (P.O. Box NOT acceptable)

Riverview FL 33569
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.

[Signature]
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

[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.)

SIDNEY JAY HAYES JR.
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)

05 APR -9 PM 1:58