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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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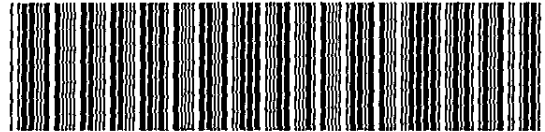
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SECRETARY OF STATE
CLERK OF COURT

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C. B. Builders
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Chris Baldwin
(Name of Person)

C. B. Builders LLC
(Firm/Company)

2817 Sunset Dr.
(Address)

New Smyrna Beach Florida 32168
(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Baldwin at (386) 295-6996
(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

STATE OF FLORIDA
TALLAHASSEE

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

C.B. Builders LLC

ARTICLE II - Address:

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

Principal Office Address:

2817 Sunset Dr
New Smyrna Beach
FL 32168

Mailing Address:

2817 Sunset Dr
New Smyrna Beach
FL 32168

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

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

Chris Baldwin
Name

2817 Sunset Dr
Florida street address (P.O. Box **NOT** acceptable)

New Smyrna Beach FLORIDA 32168
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..

Chris Baldwin
Registered Agent's Signature

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2005 JUL 12 5:00
STATE
TALLAHASSEE

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

MGRM
~~Managing Member~~

Name and Address:

Chris Baldwin
2817 Sunset Dr.
New Smyrna Beach FL 32168

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Chris Baldwin
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.)

Chris Baldwin
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization → 125.00
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

2005 APR 11 P 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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