

L05000040708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600051112026

04/21/05--01026--007 \*\*160.00

FILED  
2005 APR 21 PM 1:16  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN APR 26 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: C+C HOME SERVICES LLC  
(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:

CHARLES L BREWSTER  
(Name of Person)

C+C HOME SERVICES LLC  
(Firm/Company)

445 N. MYRTLE AVE  
(Address)

NEW SMYRNA BEACH, FL 32168  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES L. BREWSTER at (386) 424-0739  
(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

FILED  
2006 APR 21 PM 1:19  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

FILED  
2005 APR 12 PM 1:19  
CLERK OF CORP. FLORIDA  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

C+C HOME SERVICES LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

445 N. MYRTLE AVE  
NEW SMYRNA BEACH, FL  
32168

**Mailing Address:**

445 N. MYRTLE AVE  
NEW SMYRNA BEACH  
32168

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

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

CHARLES L BREWSTER  
Name

445 N. MYRTLE AVE  
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..*

Charles L Brewster  
Registered Agent's Signature

**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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

FILED  
2005 APR 21 11:11  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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.)

CHARLES L. BREWSTER

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)