

W5000056559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

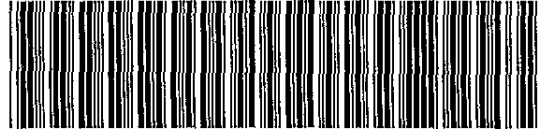
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Certified Copies _____

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W5-56559
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CBA SERVICE CENTER 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:

KERVENS JEAN-FRANCOIS
(Name of Person)

CBA SERVICE CENTER LLC
(Firm/Company)

1005 SOUTH CONGRESS AVE SUITE 110
(Address)

DELRAY BEACH, FL 33445
(City/State and Zip Code)

For further information concerning this matter, please call:

KERVENS JEAN-FRANCOIS at (561) 330-2370
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 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:
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

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JAN 21 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CBA SERVICE CENTER LLC

ARTICLE II - Address:

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

Principal Office Address:

1005 SOUTH CONGRESS AVE SUITE 110
DELRAY BEACH, FL 33445

Mailing Address:

1005 S CONGRESS AVENUE SUITE 110
DELRAY BEACH, FL 33445

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

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

BERNARD PIERRE-LOUIS C/O COMPLETE BUSINESS,

Name

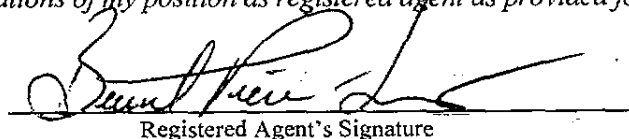
990 SOUTH CONGRESS AVE SUITE 4

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

DELRAY BEACH, FL 33445 FL

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.


Registered Agent's Signature

(CONTINUED)

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2006 MAY 31 PM 2:03
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TALLAHASSEE, FLORIDA

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:

MGR

KERVENS JEAN-FRANCOIS

2127 SW 13TH STREET

DELRAY BEACH, FL 33445

MGRM

MARIE NADIA SAINT CYR

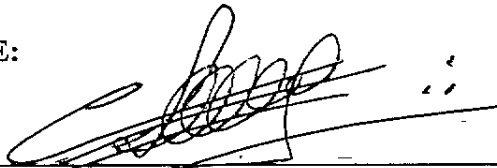
821 RICH DRIVE TIVOLI # 103

DEERFIELD BEACH, FL 33441

(Use attachment if necessary)

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.)

KERVENS JEAN-FRANCOIS

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)

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2005 MAY 31 PM 2:03
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TALLAHASSEE, FLORIDA