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Office Use Only



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JERYAN JUL 14 2005

## TRANSMITTAL LETTER

TO: Registration So Division of Co			
SUBJECT:	C & G Sevice		
	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
		rlos A. Marrero	
	(I	Name of Person)	
<del></del>	(	Firm/Company)	<del></del>
	2203 La	ike Debra Drive Apt.#111	2005 JUL 11 2005 JUL 11
		(Address)	THE T
	Oden	do, Florida 32835	HILLE OF 3: 54 AHASSEE, FLORE
		State and Zip Code)	
For further information	concerning this matter, please	call:	STIONS ORIDA
	A Marrero of Person)	at (	elephone Number)
(	0.10.10.1	(-100 0000 20 -0.0 000 0	,
Enclosed is a check for	or 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
C & G Sevices "L.L.C."			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:		
2203 Lake Debra Drive Apt.#111	2203 Lake Debra Drive Apt.#111		
Orlando, Florida 32835	Orlando, Florida 32835		
2203 Lake i	Name  Debra Drive Apt.#111  Det address (P.O. Box NOT acceptable)		
0	rlando, FT 32835		
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	tate, and Zip		
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	ad to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and a registered agent as provided for in Chapter 608, F.S		

(CONTINUED)

Title:	Name and Address:
"MGR" = Manage	
"MGRM" = Mana	
MGR"	Carlos A. Marrero
	2203 Lake Debra Drive Apt.#111
	Orlando, Florida 32835
	- <del> </del>
	<b>温息</b> 5
	THE P
(Use attachment is	f necessary)
•	
NOTE: An addi	tional article must be added if an effective date is requested.
REQUIRED SIG	NATURE:
	1 Jan 1
	all I Vincel
	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.)
	Carlos A. Marrero
	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)