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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

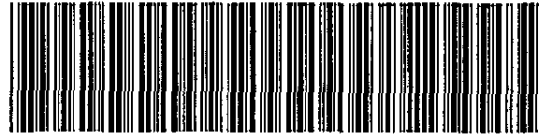
(Business Entity Name)

(Document Number)

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2005 NOV 30 PM 12:15

## TRANSMITTAL LETTER

ATX1

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CLEVELAND ENTERPRISES, 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:

DONALD B. TIPPING, II

(Name of Person)

CLEVELAND ENTERPRISES, LLC

(Firm/Company)

540 NORTH GOLDEN CIRCLE DRIVE, SUITE 105

(Address)

SANTA ANA, CALIFORNIA 92705

(City/State and Zip Code)

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For further information concerning this matter, please call:

DONALD B. TIPPING, II

(Name of Person)

at 714-564-7630

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee<br>& Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee<br>& Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

CLEVELAND ENTERPRISES, LLC

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

CLEVELAND ENTERPRISES, LLC**ARTICLE II - Address:**

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

**Principal Office Address:****Mailing Address:**CLEVELAND ENTERPRISES, LLC540 NORTH GOLDEN CIRCLE DRIVE, SUITE 1SANTA ANA, CALIFORNIA 92705CLEVELAND ENTERPRISES, LLC540 NORTH GOLDEN CIRCLE DRIVE, SUITE 1SANTA ANA, CALIFORNIA 92705**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

MARINA NUZUM

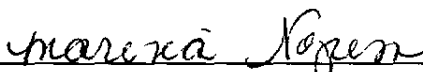
Name

14449 WEST 67TH TRAIL NORTHFlorida street address (P.O. Box NOT acceptable)WEST PALM BEACHFL 33418

City, State, and Zip

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*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)

CLEVELAND ENTERPRISES, LLC

ATX1

**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:**

MGRM

KEITH BARTIG

3367 CAMDEN DRIVE

SAN DIEGO, CA 92117

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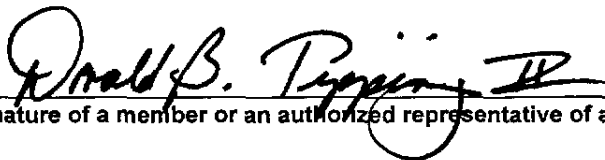
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(Use attachment if necessary)

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**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.)

DONALD B. TIPPING, II

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)**