

L06000034880

2006 APR -3 P 2:37

SECRETARY OF STATE
TALLAHASSEE, FL 32399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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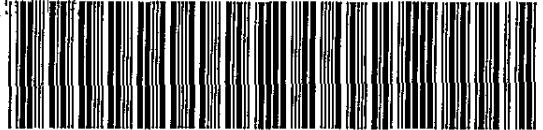
Certificates of Status _____

Special Instructions to Filing Officer:

W05-9756

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 28, 2006

CESAR AVILA
542 FULLER AVE.
DELTONA, FL 32725

SUBJECT: C.A. ENERPRISE & COMPANY
Ref. Number: W06000009756

We have received your document for C.A. ENERPRISE & COMPANY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The first page of the articles of organization was not sent in with the rest of the document.

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 406A00014057



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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2006 APR -3 P 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 22, 2006

CESAR AVILA
542 FULLER AVE.
DELTONA, FL 32725

SUBJECT: C.A. ENTERPRISE & COMPANY
Ref. Number: W06000009756

We have received your document for C.A. ENTERPRISE & COMPANY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 206A00019613

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

C. A. ENTERPRISE S COMPANY
(Name of Limited Liability Company)

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2006 APR -3 P 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

CESAR AVILA

(Name of Person)

C. A. ENTERPRISE S COMPANY

(Firm/Company)

542 FULLER AVE

(Address)

DELOUA, Florida

327 25

(City/State and Zip Code)

For further information concerning this matter, please call:

Cesar Avila

(Name of Person)

at (386)

757-0749

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

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2006 APR -3 P 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

C.A. Enterprise L.L.C.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "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:

Cesar Avila
542 Fuller Ave
Deltona, FL 32725

Cesar Avila
542 Fuller Ave
Deltona, FL 32725

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CESAR AVILA

Name

542 Fuller Ave

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

Deltona, FL 32725

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 (REQUIRED)

(CONTINUED)

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