

LU60000 92728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

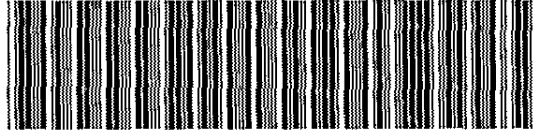
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 469146 7518993

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : September 21, 2006

ORDER TIME : 9:37 AM

ORDER NO. : 469146-005

CUSTOMER NO: 7518993

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: CLOUD NINE, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION

FOR

CLOUD NINE, LLC

A FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I-Name:

The name of the Limited Liability Company is:

CLOUD NINE, LLC

ARTICLE II-Address:

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

**1506 54th Avenue North, #3
St. Petersburg, Florida 33703**

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

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

**Kimberly C. Chambers
1506 54th Avenue North, #3
St. Petersburg, Florida 33703**

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 obligations of my position as registered agent as provided for in Chapter 608, F.S.

Kimberly C Chambers
Kimberly C. Chambers

ARTICLE IV-Management

Member-Managed

The Limited Liability Company is to be managed by one or more members and is, therefore, a member-managed company.

ARTICLE V-Managing Members(s):

The name and address of each Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGRM	Kimberly C. Chambers 1506 54th Avenue North, #3 St. Petersburg, Florida 33703

ARTICLE VI-Effective Date:

This Limited Liability Company is to become effective upon listing of this certificate with the Secretary of State.

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.

Kimberly C. Chambers
Kimberly C. Chambers