

LO7000012969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

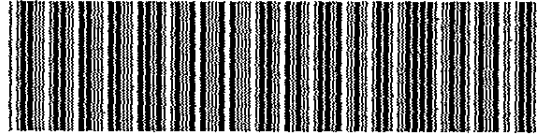
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W07-5475 DB

Office Use Only



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01/31/07--01035--007 **155.00

FILED
07 FEB -5 PM 2:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CDSS FOREST OAKS, LLC
220 Crystal Grove Blvd.
Lutz, FL 33548-6460

January 29, 2007

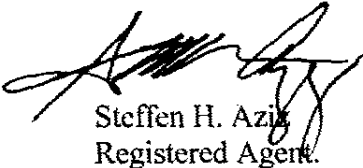
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

Enclosed please find the Articles of Organization for CDSS FOREST OAKS, LLC, along with a check for \$155.00 to cover the filing fees, designation of Registered Agent, and Certified Copy.

Thank You kindly for your assistance in this matter.

Sincerely,
CDSS FOREST OAKS, LLC


Steffen H. Aziz
Registered Agent.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2007

STEFFEN H. AZIZ
220 CRYSTAL GROVE BLVD.
LUTZ, FL 33548-6460

SUBJECT: CDSS FOREST OAKS, LLC
Ref. Number: W07000005475

We have received your document for CDSS FOREST OAKS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 607A00007888

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I • Name:

The name of the Limited Liability Company is:

CDSS FOREST OAKS, LLC

ARTICLE II • Address:

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

220 Crystal Grove Blvd.
Lutz, FL 33548-6460

ARTICLE III • Registered Agent, Registered Office, & Registered Agent's

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

Name:

STEFFEN H. AZIZ

Florida street address:

220 CRYSTAL GROVE BLVD

City, State, and Zip:

LUTZ, FL 33548-6460

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: _____

(An additional article must be added if an effective date is requested)

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.)

Typed or printed name of signee:

STEFFEN H. AZIZ

Steffen H. Aziz

Filing fees

\$100.00 Filing Fee for Articles of
Organization \$25.00 Designation
of Registered Agent \$ 30.00
Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 FEB -5 PM 2:13

FILED