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(R	requestor's Name)
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(C	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(В	Business Entity Name)
, (D	Occument Number)
Certified Copies	Certificates of Status
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DRPORATION NAME(S) & I	DOCUMENT NUMBER(S), (if known):
CEW TRADE	, LLC
(Corporation Name)	/ (Document #)
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Walk in Pick up to	ime 2.06
Mail out Will wait	t Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit	Amendment
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign .
Fictitious Name	Limited Partnership
	Reinstatement
•	Trademark
	Other
	The section of the late to

	· 4. H
ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ADDICE E. V. Nieman	
ARTICLE I - Name: The name of the Limited Liability Comp	onwie:
The name of the Emilied Elashity Comp	oally is.
06.1 -0.05	
Must and with the words The field to bit.	ry, "Limited Company" or their abbreviation "LLC," or "L.C.,")
(wast one water the words Emilied Elability Compan	y, Emilied Company of their appleviation Elec, of Elec.,)
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
	112 201 201 201 201 201 201 201 201 201
1 SIMONTON CIRCLE	SAME
NESTON FL 33326	***
business entity with an active Florida registration.) The name and the Florida street address FRICK CA	of the registered agent are:
	Name
76 -	
7 SIMONTO	street address (P.O. Box NOT acceptable)
Florida	· ——
- MESTON	J FL 33326
City	y, State, and Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and com	t and to accept service of process for the above stated limite ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of applete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S.
470	
Registered Egen	t's Signature (REQUIRED)
\mathcal{L} .	

(CONTINUED)
Page 1 of 2

<u>Title:</u>		Name and Address:	•
"MGR" = Manage		*	٠,
"MGRM" = Mana	aging Member		
MGR		ERICK CASALE	
		7 SIMONTON CIRCLE, WESTON	II.
		33376	
			
Maz.	<u> </u>	SINDY WILMAN	
		75 MONTON CIPCLE WE	<u>510</u> ~2₹63
			
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Use attachment i	if necessary)		
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Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)