## 107000/16774

| (Requestor's Name)                      |
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| (Address)                               |
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| (************************************** |
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| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (Dodafficht (Milliper)                  |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE



## **COVER LETTER**

| TO: Registration Se<br>Division of Co   |   |   |  |            |                     |
|---|---|---|--|------------|---------------------|
| SUBJECT: CASE                           | MANAGEMENT TO   |   |  |            |                     |
|   | (Name of Limite   | ed Liability Company)   |  |            |                     |
| The enclosed Articles of                | f Organization and fee(s) are s   | submitted for filing.   |  |            |                     |
| Please return all corresp               | ondence concerning this matte   | er to the following:  |  |            |                     |
| Cynthia A.                              | AVALOS  |   |  |            |                     |
| *************************************** | (   | Name of Person)   |  |            |                     |
| Cynthia A.                              | AVALOS  |   |  |            |                     |
|   |   | (Firm/Company)  |  |            |                     |
| 12401 Ora                               | inge Grove Dr. Apt  | #1407   | 2  | 97<br>SE   | क्षां क्षां कृति    |
|   |   | (Address)   | 7  | 76 A       | Citizan<br>Hamiliot |
| Tampa Flo                               | orida 33618   |   | )<br>)   | 19<br>MAKE | ( <del>)</del>      |
| ·                                       | (City   | /State and Zip Code)  |  | P.         |                     |
| For further information                 | concerning this matter, please  | call:   | ,  | PH 12: 52  |                     |
| Cynthia A. AVAL                         | os  | <sub>at (</sub> 813 <sub>)</sub> 453-758  | 0  | Þ          |                     |
|   | of Person)  | (Area Code & Daytime To   | elephone Number)   |            |                     |
| Enclosed is a check fo                  | r the following amount:   |   |  |            |                     |
| \$125.00 Filing Fee                     | \$130.00 Filing Fee & Certificate of Status   | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  | \$160.00 Filin<br>Certificate of St<br>Certified Copy<br>(additional copy is | atus &     |                     |
|   | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center | 18   |            |                     |

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| CASE MANAGEMENT TO GO,LL                         | c  |  |
|--|--|--|
| (Must end with the words "Limited Liability      | Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")              |  |
| ARTICLE II - Address:                            |  |  |
|  | dress of the principal office of the Limited Liability Company i                 | s:   |
| Principal Office Address:                        | Mailing Address:   |  |
| 12401 Orange Grove Dr. Apt #1407                 | 12401 Orange Grove Dr. Apt #1407   |  |
| Tampa Florida 33618                              | Tampa Florida 33618  |  |
|  |  |  |
|  |  |  |
| The name and the Florida street at Cynthia A. AV | Name SEFU P  | Tara   |
| Cynthia A. AV                                    | inc p  | 1  |
| Cynthia A. AVA                                   | e Grove Dr. Apt #1407 Florida street address (P.O. Box NOT acceptable)           | The state of the s |
| Cynthia A. AV                                    | e Grove Dr. Apt #1407 Florida street address (P.O. Box NOT acceptable)  33618 FL |  |
| Cynthia A. AVA                                   | e Grove Dr. Apt #1407 Florida street address (P.O. Box NOT acceptable)           | The same   |

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

## ARTICLE IV- Manager(s) or Managing Member(s):

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

| "MGR" = Manag<br>"MGRM" = Mana   |   | Name and Address:   |
|--|---|---|
| MGR  |   | Cynthia A. AVALOS   |
|  | <del></del>   | 12401 Orange Grove Dr. Apt #1407  |
|  |   | Tampa Florida 33618   |
| ·- <u>-</u>  | <u> </u>  |   |
|  |   |   |
|  | <del></del>   |   |
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|  |   |   |
| (Use attachment is   | f necessary)  |   |
| ICLE V: Effective d  | ate, if other than the eed, the date must be  | date of filing: (OPTIONAL specific and cannot be more than five business days   |
| ICLE V: Effective d  | ate, if other than the ded, the date must be te of filing.)   | date of filing: (OPTIONAL specific and cannot be more than five business days   |
| ICLE V: Effective do not be a selfective date is listed 90 days after the date of the date | ate, if other than the ded, the date must be te of filing.)   | e specific and cannot be more than five business days   |
| ICLE V: Effective do not effective date is listended of the days after the days a | ate, if other than the ded, the date must be te of filing.)  NATURE:  Signature of a member (In accordance with sections) | r or an authorized representative of a member: tion 608.408(3), Florida Statutes, the executionic tutes an affirmation under the penalties of perjury |

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)