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T. HAMPTON

OCT 29 2008

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	C. P. CASH		· —
The enclosed Articles	of Organization and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter t	o the following:	
	Claude Py	pf L CASH me of Person)	
	C.P. CASI	me of Person) MAINTANCE m/Company)	
	(Fir	m/Company)	
	847 I.	Call 5+	
For further information	Tallahasse (City/Su	ate and Zip Code)	<u>)</u>
(Nam	at e of Person)	()(Area Code & Daytime Telephone Number)	
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155,00 Filing Fee & \$160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company-is:	MAIN TANK	eP.	
C.P. CASH		LLC	
(Must end with the words "Limited Liabi	my Company, "L.L.C., or LLC.)		
ARTICLE II - Address: The mailing address and street address of the property o	incipal office of the Limited	d Liability Con	npany is:
Principal Office Address:	Mailing Address:		
847 E Call St.	54 me		
3730)			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	Office, & Registered Age tered Agent. You must designate an	ent's Signature individual or anothe	e: r
The name and the Florida street address of the t	registered agent are:		•
_Claude_Pe	pper Cheh		
847 E. (Call St.		
Florida street add	dress (P.O. Box NOT acceptable))	
City, State,	ress (P.O. Box <u>NOT</u> acceptable) FL 32301 and Zip		
Having been named as registered agent and to liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe accept the obligations of my position as regi	his certificate, I hereby acce y. I further agree to comply erformance of my duties, and	pt the appointm with the provisi 'I am familiar w	ent as ions of al vith and
Cloude Re	rean Con		
Registered Agent's Signat	rure (REQUIRED)	080 SECR	
		OCT 29 RETARY AHASSEE	
(CONTIN		PH .	ŗn,
Page 1 of	4	Go Living	

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: <u>///</u> (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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 berein are true.) Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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