

LD9000002755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

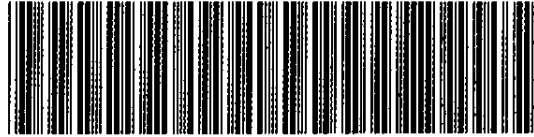
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DIVISION OF CORPORATIONS  
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MyCorporation

An Intuit Company

21215 Burbank Blvd. Ste. 400  
Woodland Hills, CA 91367

intuit

Toll-Free: 888-692-6771 | Direct: 818-436-8225 | FAX: 818-879-8005

E-mail: [info@mycorporation.com](mailto:info@mycorporation.com)

## ROUTINE SERVICE FILING REQUEST

Tuesday, December 30, 2008

Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: CME Writer LLC**

Ladies and Gentlemen:

Please find enclosed for filing Articles of Organization for the above referenced company.

Enclosed is a check in the amount of \$155.00 for filing and for a **certified copy**.

Please return the **certified copy** to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation, an Intuit Company  
**Attn: Fulfillment Dept.**  
21215 Burbank Blvd. Ste. 400  
Woodland Hills, CA 91367

**Articles of Organization  
For  
CME Writer LLC  
Florida Limited Liability Company**

**ARTICLE I - Name:**

The name of the Limited Liability Company is CME Writer LLC.

**ARTICLE II - Address:**

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

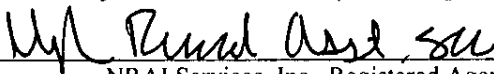
7000 North Cocoa Blvd., Apt 204  
Cocoa, FL 32927

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

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

NRAI Services, Inc.  
2731 Executive Park Drive, Suite 4  
Weston, FL 33331

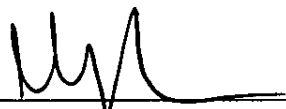
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.*

  
\_\_\_\_\_  
NRAI Services, Inc., Registered Agent

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Anne Jacobson  
7000 North Cocoa Blvd., Apt 204  
Cocoa, FL 32927

  
\_\_\_\_\_  
**Meghan Record, Organizer**

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DIVISION OF CORPORATIONS  
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