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2009 FEB 23 PM 1: 04
SECRETARY OF STATE

C. LEWIS
FEB 24 1:00:9
EXAMINER

COVER LETTER

	tration Section ion of Corporations	
SUBJECT:	C.T.I.	LLC
	(Name of Limited L	iability Company)
The enclosed A	Articles of Organization and fee(s) are subn	nitted for filing.
Please return a	ll correspondence concerning this matter to	the following:
	K	ENT MCNEAL ne of Person)
		TI LLL n/Company)
	(Fir	n/Company)
	601 N. Com	gress Ave #608
<u> </u>	Delray	gress Ave #608 Address) Beach, FL 33445 te and Zip Code)
	(City/Sta	te and Zip Code)
For further info	ormation concerning this matter, please call	:
	(Name of Person)	(561) 278 9989 (Area Code & Daytime Telephone Number)
Enclosed is a	check for the following amount:	
\$125.00 Filir	ng Fee \$130.00 Filing Fee & Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2009

KENT MCNEAL 601 N. CONGRESS AVE. #608 DELRAY BEACH, FL 33445

SUBJECT: C.T.I. LLC

Ref. Number: W09000007152

We have received your document for C.T.I. LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 609A00005228

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liabili	
ARTICLE II - Address:	the instance of the Limited Liebility Commons in
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
601 N. Congress Ave.	601 N-Congress Ave
#608 Delray Beach, FL 33445	Delray Beach, FL 33445
7-	<i>J</i>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
KENT	MCNEAC 33 1
Name	P P
601 N. Conc	gress Ave # 608
Florida street add	ress (P.O. Box NOT acceptable)
De Iray Beach City, State, a	FL 33445
City, State, a	nd Zip
	accept service of process for the above stated limited his 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 (REQUIRED)

FILED

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

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

2009 FEB 23 PM 1: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u>Title:</u> "MGR" = Manag	er	Name and Address:		TALLAHASSEE, FL
"MGRM" = Man				
MGRM	_	Kent Mi 601 N-C Delray	cheal longress Beach,	Ave # 608 FL 83445
	_	478 W		
				,
(Use attachment i	- ·			
ARTICLE V: Effective of (If an effective date is list to or 90 days after the da	ed, the date must be sp	te of filing: $\frac{2/n}{n}$	1/2009 ore than five	(OPTIONAL) business days prior
REQUIRED SIC	SNATURE:			
	t	Kent Mi	Truck	7
	Signature of a member or	r an authorized representa	tive of a memb	oer.
	(In accordance with section of this document constitute that the facts stated herei	n 608.408(3), Florida Statute es an affirmation under the p in are true.)	es, the execution enalties of perju	ı ıry
	Typed	KENT MC or printed name of signee	NEAL	<u>.</u> —

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certifled Copy (Optional)
\$ 5.00 Certificate of Status (Optional)