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EXAMINER

# **COVER LETTER**

. TO:

Registration Section Division of Corporations

SUBJECT: Community	Focused Solo	utions of Fl	orida	
	(Name of Limite	d Liability Compa	ıny)	
The enclosed Articles of Organiz	ation and fee(s) are s	ubmitted for filing	3.	
Please return all correspondence	concerning this matte	r to the following	:	
Stacey Weiner-				
	(1	Name of Person)		
Community Foo	used Solution	ns of Florid	а	
	(	Firm/Company)		
1546 Maximiliar	n Drive			
		(Address)		
Wesley Chapel,	FL 33543			
	(City	State and Zip Code	e)	
For further information concerning	ng this matter, please	call:		
Stacey Weiner-Varn	ado	at (_813	240-7110 & Daytime Tele	)
(Name of Person	)	(Area Code	& Daytime Tele	phone Number)
Enclosed is a check for the fol	lowing amount:			
\$125.00 Filing Fee \$130 Certi	.00 Filing Fee & { ficate of Status	\$155.00 Filin Certified Cop (additional copy	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registi Divisi P.O. B	ng Address ration Section on of Corporations ox 6327 assee, FL 32314	Registrati Division Clifton B 2661 Exe	on Section of Corporations wilding centive Center Core, FL 32301	ircle

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Community Focused Solutions of Florida, LLC.

### **ARTICLE II - Address:**

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

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

Principal Office Address:	Mailing Address:
1546 Maximilian Drive	1546 Maximilian Drive
Wesley Chapel, FL	Wesley Chapel, FL
33543	33543
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the Stacey Weiner-Var	e registered agent are:
Nar	ne
Nar 1546 Maximilian D	
1546 Maximilian D	
1546 Maximilian D	rive

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 as provided for in Chapter 608, F.S.

Registered Agen's Signature (REOLIRED)

(CONTINUED) Page 1 of 2

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

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

MGRM	Stacey Weiner-Varnado	ALC: A
	1546 Maximilian Drive	D 7: 1
	Wesley Chapel, FL 33543	SSS
MGRM	LeRone Varnado	EE.
	1546 Maximilian Drive	<u> </u>
	Wesley Chapel, FL 33543	201
<del> </del>		
(Use attachment if necessary)		
(Ose attachment if necessary)		
LE V: Effective date. if other than the	date of filing:	(OPTIONA

## **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 herein are true.)

Stacey Weiner-Varnado

Typed or printed name of signee

### 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)