# L090000557266

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2009 JUN -5 PH 2: 10
SECRETARY OF STATE
TALLAHASSEE, FI ORIGA

# **COVER LETTER**

TO:	Registration S Division of Co							
SUBJI	ECT:	Cantr	ell Er	nterpris	ses, LLC			
2020.		Name of Limi						
		Organization and fee(s) are			_			
Please	return all correspo	ondence concerning this mat	ter to th	e followi	ng:			
		Pat	ricia T	ouchst	one			
				of Person		· · · · · · · · · · · · · · · · · · ·	₽s	20
	Strategic Corporate Services Plus Inc				nc	ECRE	2009 JUN -5	
			Firm/C	Company			ASS ASS	-5
	1500 Ave F Suite #3					<u> </u>		
			Ad	dress			10.	
		-	:1 V N	V 8930	1		RID.	2: 10
				and Zip Co		•		
		Pat@St	rategi	cQuesti	ons.com			
•		E-mail address: (to be used				n)	•••	
For fur	ther information o	concerning this matter, pleas	e call:					
	Patricia	Touchstone	at (	866	)	310-7269		
	Name o	of Person		Area Co	de & Daytime	Telephone Number	er	
Enclos	ed is a check for	r the following amount:	,	/				
<b>]</b> \$125.	00 Filing Fee [	\$130.00 Filing Fee & Certificate of Status	Ce	ertified C	ing Fee & copy opy is enclosed	\$160.00 F Certificat Certified (additional	te of Stat Copy	us &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registra Divisio Clifton 2661 E	Courier Addration Section n of Corporat Building xecutive Centussee, FL 3230	ions er Circle		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Controll	Enterprises LLC	
(Must end with the words "L	Enterprises, LLC imited Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited L	
Principal Office Address:	Mailing Address:	009,
414 Domino Dr Ruskin FL 33570	414 Domino Dr Ruskin FL 33570	2009 JUN -5 PH SECRETARY OF ALLAHASSEE, FI
(The Limited Liability Company cannot serve as it business entity with an active Florida registration  The name and the Florida street address	ss of the registered agent are:	vidual or arother
F	Robert Cantrell Name	
	Name	
	414 Domino Dr	
	ddress (P.O. Box <u>NOT</u> acceptable)	
Ruskin FL 3	ity, State, and Zip	
liability company at the place desig registered agent and agree to act in th	ent and to accept service of process for the gnated in this certificate, I hereby accept t is capacity. I further agree to comply with complete performance of my duties, and I a	he appointment as h the provisions of all

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## 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:

"MGR" = Mana	ager	Name and Address:	
	anaging Member		
MGRM		Robert Cantrell 414 Domino Dr Ruskin FL 33570	
			SHCHETARY
16110		CX	
ffective date is l	e date, if other than the cisted, the date must be date of filing.)	date of filing: (OP specific and cannot be more than five busin	PTIONA ness da
·	IGNATURE:		
·		Contul	
<u>REQUIRED</u> S	Robert W.	Cantull or an authorized representative of a member.	
·	Robert 2. Signature of a member (In accordance with sect	or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury	
·	Robert 2.  Signature of a member  (In accordance with sect of this document constituted that the facts stated here	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury ein are true.)  Robert Cantrell	
·	Robert 2 Signature of a member (In accordance with sect of this document constituted that the facts stated here	or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury tin are true.)	