109000054771

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



400156941734

06/12/09--01002--003 **480.00

6/11/09 AL

RECEIVED

109 JUNIT PM 3: 25

108 SIATE

108

PILED

09 JUN 11 PH 3: 33

SECRETARY OF STATE
ALL AHASSEF: FI DESIGNATION

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	C NTT Name of Limi	H REE ted Liability Company	99 JUN SECRE TALLAH
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	TAR TAR
	oondence concerning this ma		E OF
TI	10 mas	C. Pavey	STATE STATE
		Firm/Company	
204	84 Dari	nell Circle	2
Tall	ahasse	e, FL 32	2303
<u>to</u>		ty/State and Zip Code V 8 0 00	0 hg
For further information	concerning this matter, pleas	e call:	
Thomas	s Pavey of Person	at (407) 516 - Area Code & Daytime Telephone	1055 Number
Enclosed is a check for	or the following amount:	,	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy is enclosed)	0.00 Filing Fee, rtificate of Status & rtified Copy ditional 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CNTTHK	EE LLC
(Must end with the words "Limited Liabili	ty Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2048 A Dannell Circle Tallahassee, FL 32303	PO BOX 10665 Tallahassee, FC 32302
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe 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 results of the resu	71 527 -
20484 Da Florida street address (P.O. Tullahassee	· · · · · · · · · · · · · · · · ·
City, State, an	d Zip

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 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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Thomas Pavey 2048 + Dannell Circle Tallahassee, FL 32303
·	Tallahossee, FL 32303
	60
	W ×
	<u> </u>
(Use attachment if necessary) ICLE V: Effective date, if other than the	e date of filing: $6/11/09$. (OPTIONAL)
effective date is listed, the date must be 90 days after the date of filing.)	pe specific and cannot be more than five business days p
REQUIRED SIGNATURE:	Pan
Signature of a memb	er or an authorized representative of a member.
of this document con-	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
that the facts stated he	
	yped 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)