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PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
Certified Copies	_ Certificates	of Status			
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JUN 15 2009

EXAMINER



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DIVISION OF THE WILL 45

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W8-2724

COVER LETTER

TO:

Registration Section

Division of C	Corporations	
SUBJECT:	C 8	& D Services, LLC
	Name of Limi	ited Liability Company
The enclosed Articles	of Organization and fee(s) are	e submitted for filing.
Please return all corre	spondence concerning this ma	atter to the following:
	Ja	ared Ringeman
		Name of Person
	C &	D Services, LLC
		Firm/Company
	4558	B SW Athena Drive
		Address
		St. Lucie, FL 34953
		City/State and Zip Code
	E-mail address: (to be used	leman@yahoo.com I for future annual report notification)
For further information	n concerning this matter, pleas	se call:
	d Ringeman	at (941) 400-1822
Nam	e of Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C & D Service, Construction and Development Services, LLC (Must end with the words "Limited Liability Company;" "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Add	dress:	Mailing Address:	
4558 SW Athena D	rive	4558 SW Athena Drive	
Port St Lucia. FL 34	4953	Port St Lucia, FL 34953	
(The Limited Liability Com- business emity with an acti	pany cannot serve as its own Regis	I Office, & Registered Agent's Signature tered Agent. You must designate an individual or another registered agent are:	
	Jared Ringeman		™
	Name		
	4558 SW Athena Drive Florida street address (P.O. Box NOT acceptable)		
- -			: 45
_	Port St Lucie	FL 34953	CO III
	City, State, a	nd 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 ugent 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 abligations of my position as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (RESURED)

(CONTINUED)

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

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Jared Ringeman 4558 SW Athena Drive Port St Lucie, FL 34953 MGR Keith Ringeman 1610 Red Ruffle Court Gotha, FL 34734 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this pocument constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Jared Ringeman Typed or printed name of signee Filing Feca:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

5 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)