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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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B. KOHR AUG 2 7 2009

EXAMINER



COVER LETTER

Division of Corporations	
SUBJECT: CDHL Public Name of Limi	Adjusting, LLC
Name of Limi	ted Liability Company 3
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Ashley Bo	Name of Person
CDHL Publ	ic Adjusting, LLC
16506 Poin	te Village Dr. Suite 201
Lutz,	FL 33558 ity/State and Zip Code
ambesi	De hotmail com for future annual report notification)
For further information concerning this matter, please	se call:
Ashley Basquill Name of Person	at (813) 504-6494 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 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	- 10 00
The name of the Limited Liability Company is:	是是
	28
CDHL Public A (Must end with the words "Limited Liability	diusting, LLC 2 3
(Must end with the words "Limited Liabilit	ry Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Gimpany is:
The maining address and street address of the pri	ncipal office of the Ellinted Elability (Springary is.
Principal Office Address:	Mailing Address:
Suite 201 Lutz, FL 33558	Suite 201 Lutz FL 33558
Lutz, FC 3355B	LM12 11 33550
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Ashley Baso	
BIOS Canterbury Florida street address (P.O. I	ake Blvd. Box NOT acceptable)
City, State, and	FL 33619 d Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Algent's Signatu	Rusulf re(REQUIRED)

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Ashley Basquill 10500 Pointe Village Dr. Suite 201 Lute, Fr 33558
(Use attachment if necessary) RTICLE V: Effective date, if other than	the date of filing: (OPTIONAL)
f an effective date is listed, the date mus or 90 days after the date of filing.)	t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a mer	nber or an authorized representative of a member.
(In accordance with of this document of that the facts stated	section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury herein are true.)
	Typed or printed name of signee
\$125.00 Filing Fee for Articles of O of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optio	

Page 2 of 2