# 10900093209

(Requestor's Name)  (Address)	100158
(City/State/Zip/Phone #)	- 07/13/09C
PICK-UP WAIT MAIL  (Business Entity Name)	<b>-</b> , .
(Document Number)	
Certified Copies Certificates of Status	j rigge in in th≱i
Special Instructions to Filing Officer:	
W090000372281	



100158359441

07/13/09--01038--024 \*\*130.00

FILED

09 SEP 28 PH 3: 20

SECKETARY OF STATE

D. BRUCE

SEP 28 2009

**EXAMINER** 

EFFECTIVE DATE 9/28/09

Office Use Only



### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 14, 2009

LAW OFFICES OF J. GARFIELD HURT 7952 NORMANDY BLVD JACKSONVILLE, FL 32221

SUBJECT: CB PRODUCTS & SERVICES, LLC

Ref. Number: W09000032281

99 SEP 28 PM 3: 20
SECRETARY OF STATE
TALLAHASSEF, FI ORIO,

We have received your document for CB PRODUCTS & SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

# Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 309A00024164

# Law Offices Of J. Garfield Hurt and Associates

7952 NORMANDY BOULEVARD
JACKSONVILLE, FLORIDA 32221
Telephone: (904) 781-8371 **≅** Facsimile: (904) 781-2520
E-mail: garfield@garfieldlaw.org

J. GARFIELD HURT J. DINKINS G. GRANGE General Practice

July 9, 2009

Social Security Disability

PILED

PILED

Social Security Disability

Security Disability

PILED

Social Security Disability

PILED

Social Security Disability

PILED

Social Security Disability

Security Disability

PILED

Social Security Disability

Security Disability

PILED

Social Security Disability

Security Disabil

JOHN P. STONE, JR.

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: CB Products & Services, LLC

To Whom It May Concern:

The enclosed Articles of Organization and fees are submitted for filing. I have enclosed a self-addressed, stamped envelope for the receipt and certificate of status to be returned to my above address.

All further and future correspondence concerning this matter, including, but not limited, to the annual report notifications, should be sent to the following:

CB Products & Services, LLC 8985 Normandy Boulevard, Lot 180 Jacksonville, FL 32221

Thank you for your time and assistance.

Sincerely yours,

J. GARFIELD HURT, ESQUIRE

JGH/jm Enclosures

#### ARTICLES OF ORGANIZATION

#### **FOR**

#### FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, We, THE UNDERSIGNED, being of full age, do hereby agree to become a Limited Liability Company under the laws of the State of Florida, by and under the provisions and statutes of that State, providing for the formation, liability rights, privileges, benefits and obligations conferred and imposed by said law on limited liability companies organized pursuant to the provisions hereof, and hereby make, subscribe and acknowledge and file these Articles of Organization as follows:

#### **ARTICLE I**

<u>NAME</u>: The name of this Limited Liability Company is: CB PRODUCTS & SERVICES, LLC.

ARTICLE II

ADDRESS: The mailing address and street address of the principal office of the

Liability Company is:

Principal Office Address:

8985 Normandy Boulevard, Lot 180 Jacksonville, FL 32221

Mailing Address:

8985 Normandy Boulevarl Jo Jacksonville, FL 32221 85

#### ARTICLE III

REGISTERED AGENT: The name and address of the registered agent of this Limited
Liability Companyis L GARFIELD HURT, ESQUIRE, 7952 Normandy Boulevard, Jacksonville,
FL 32221.

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.

Carfield Hurt, as Registered Agent

EFFECTIVE DATE 9/28/09

## ARTICLE VII

MANAGER(S) or MANAGING MEMBER(S): The name and address of each Manager or

Managing Member is as follows:

TITLE

. . . . . . .

NAME and ADDRESS

**MANAGER** 

WILLIAM L. CIOFFI

8985 Normandy Boulevard, Lot 180

Jacksonville, FL 32221

**MANAGING MEMBER** 

AMY C. TYRE (a/k/a Christy Tyre) 8985 Normandy Boulevard, Lot 180 Jacksonville, FL 32221

# ARTICLE VIII

EFFECTIVE DATE: This Limited Liability Company shall become effective (if other than

the date of filing): September 28, 2009

Signature of a member or an authorized representative of a member: