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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

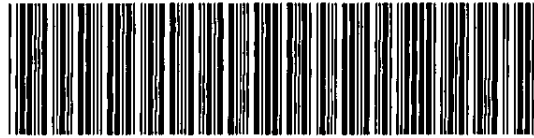
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/07/09--01003--005 **16.25

11/09/09--01069--003 **143.75

FILED
2009 DEC -4 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 7 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2009

C.A. TECHNOLOGIES LLC.
CASSANDRA LOCKWOOD
6662 82ND TERRACE N.
PINELLAS, FL 33781

SUBJECT: CA TECHNOLOGIES LLC
Ref. Number: L06000067599

We have received your document for CA TECHNOLOGIES LLC and check(s) totaling \$143.75 of which \$143.75 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$272.50 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

The document must be signed by a member or an authorized representative of a member.

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 809A00035690

November 30, 2009

Carolyn,

Please see the attached paperwork to create a new LLC with the name of CAI Technologies LLC as we had discussed. We verified the availability of the new name as CA Technologies is no longer available. As I had previously send in a payment of \$143.75 the balance to establish this LLC would be \$16.25. Attached you will find the original letter that you sent me along with the additional payment to establish this LLC.

Please dissolve CA Technologies as this has currently remain inactive.

Thanks for your assistance in this matter and don't hesitate to contact me if you have any further questions.

Thanks

A handwritten signature in black ink, appearing to read 'C. Lockwood' or similar, with a stylized, cursive script.

Cassandra Lockwood

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAI Technologies LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cassandra Hockwood
Name of Person

CAI Technologies
Firm/Company

6662 82nd Terrace N
Address

Piellas, FL 33781
City/State and Zip Code

clg03@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cassandra Hockwood at 727 644-8569
Name 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 ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee; Certificate of Status & Certified Copy (additional copy is enclosed)

(143.75 pd.)
see attached
Btkr

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:

CAI Technologies 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 Address:

6662 82nd Terrace N
Pinellas, FL
33781

Mailing Address:

6662 82nd Terrace N
Pinellas, FL
33781

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Cassandra Lockwood
Name
6662 82nd Terrace N
Florida street address (P.O. Box NOT acceptable)
Pinellas FL 33781
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

C Lockwood
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

Cassandra Lockwood
6442 82nd Terrace N
Pinellas, FL 33781

(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:

Cassandra Lockwood

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Cassandra Lockwood

Typed 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)