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(Requestor's Name)	
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PICK-UP WAIT I	MAIL
(During Falls Name)	
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE
AND AHASSEE; FLORIDA

S. HAWKES

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EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	CCT: Comple	te_Ground Control, LLC	;	
		Name of Limit	ed Liability Company	
The end	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corresp	condence concerning this mat	ter to the following:	
	Dustin Chad	Peterson		
			Name of Person	
	Complete Gro	ound Control, LLC		
			Firm/Company	
	3330 Steinbe	ck Place		
			Address	
	Plant City, Flo	orida 33566		
	_		y/State and Zip Code	
_	DChadPeters	on@gmail.com E-mail address: (to be used :	for future annual report notification)	_
For furt	ther information	concerning this matter, please	•	
Dustin	Chad Peters	son	at (_813)478-4799	
	Name	of Person	Area Code & Daytime Telep	hone Number
Enclos	ed is a check fo	or 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)
		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 Ci Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CO **ARTICLE I - Name:** The name of the Limited Liability Company is: Complete Ground Control, 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: **Mailing Address: Dustin Chad Peterson** Annisa Peterson 3330 Steinbeck Place 3330 Steinbeck Place Plant City, Florida 33566 Plant City, Florida 33566 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: **Dustin Chad Peterson** Name 3330 Steinbeck Place Florida street address (P.O. Box NOT acceptable) Plant City

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)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager	nnager or Managing Member is as follows: Name and Address:
"MGRM" = Managing Member	
MGRM	Dustin Chad Peterson
	3330 Steinbeck Place
	Plant City, Florida 33566
MGRM	Annisa Peterson
	3330 Steinbeck Place
	Plant City, Florida 33566
(Use attachment if necessary)	
fective date is listed, the date mus	the date of filing: (OPTIONAL st be specific and cannot be more than five business days
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fective date is listed, the date mus days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business days

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)