

L10000061870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

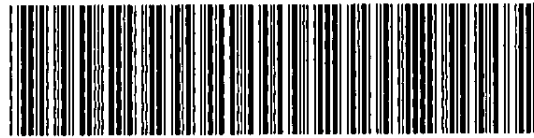
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/09/10--01017--022 **130.00

RECEIVED
10 JUN - 9 AM 11:50
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
10 JUN - 9 PM 4:01
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

JUN - 9 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C A ENTERPRISES OF FLORIDA 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:

RON BENFIELD

Name of Person

Firm/Company

58 SIOUX CIRCLE

Address

HAVANA, FL 32333

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RON BENFIELD

Name of Person

at (850) **539-5171**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN -9 PM 4:01



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2010

RON BENFIELD
58 SIOUX CIRCLE
HAVANA, FL 32333

SUBJECT: C A ENTERPRISES OF FLORIDA LLC
Ref. Number: W10000027769

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN -9 PM 4:01

We have received your document for C A ENTERPRISES OF FLORIDA 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):

Please note that we have RETAINED your \$130.00 payment.

Because the addition or absence of the words "OF FLORIDA" or "FLORIDA" at the end of a name does not constitute a significant name difference, the name you have chosen is too similar to the name of an active Florida LLC -- C.A. ENTERPRISES L.L.C. -- Document Number L03000036548.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 310A00014321

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C A ENTERPRISES OF TALLAHASSEE 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:

1112 S MAGNOLIA DR # Q7

TALLAHASSEE, FL 32301

Mailing Address:

1112 S MAGNOLIA DR # Q7

TALLAHASSEE, FL 32301

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:

RON BENFIELD

Name

58 SIOUX CIRCLE

Florida street address (P.O. Box **NOT** acceptable)

HAVANA

FL 32333

City, State, and 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 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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN -9 PM 4:01

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

Name and Address:

MGRM

FRANCISCO AGUILAR

1112 S MAGNOLIA DR # Q7

TALLAHASSEE, FL 32301

MGRM

CARLOS PINEDA

1112 S MAGNOLIA DR # Q7

TALLAHASSEE, FL 32301

MGRM

CHRISTOPHER AGUILAR

1112 S MAGNOLIA DR # Q7

TALLAHASSEE, FL 32301

MGRM

HENRY LOPEZ

1112 S MAGNOLIA DR # Q7

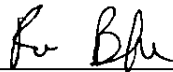
TALLAHASSEE, FL 32301

(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 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.)

RON BENFIELD

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)