

# L10000087584

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

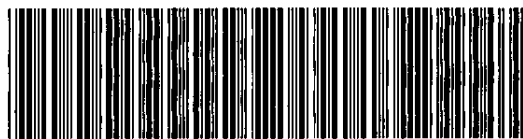
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2010 AUG 19 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
AUG 20 2010  
EXAMINER

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: CUSHING GARDNER, LLC.

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

Please return all correspondence concerning this matter to the following:

Name – Salina Ray

Company -- Cushing Gardner, LLC.

Address – 2840 West Bay Drive, Unit #229  
Largo, Florida 33770

Email – [Salinafla@aol.com](mailto:Salinafla@aol.com)

For further information concerning this matter, please call:

Salina Ray at (813) 240-4500.

Enclosed is a check for \$130.00 due for Filing Fee and Certificate of Status.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Cushing Gardner, LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principle Office

Salina Ray  
2840 West Bay Drive  
Unit #229  
Largo, Florida 33770

Mailing Address

Cushing Gardner, LLC.  
2840 West Bay Drive  
Unit #229  
Largo, Florida 33770

**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:

Salina Ray  
2840 West Bay Drive  
Unit #229  
Largo, Florida 33770

*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)

FILED

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

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

2010 AUG 19 AM 11:36

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1) MGR

Salina Ray  
2840 West Bay Drive  
Unit #229  
Largo, Florida 33770

**ARTICLE IV - Effective date:**

Effective upon 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.)

**Salina Ray**

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)**