

9/14/2010

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
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Resubmit 9/15

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: audrag@mac.com

FLORIDA LIMITED LIABILITY CO.
CBear, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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TALLAHASSEE, FLORIDA

10 SEP 16 AM 8:54

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G. MCLEOD

SEP 17 2010

EXAMINER

H10000203483

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **CBear, 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:

102 SE Rio Casarano

102 SE Rio Casarano

Port St. Lucie, FL 34984

Port St. Lucie, FL 34984

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

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

Chad Quist

Name

102 SE Rio Casarano

(P.O. Box or Mail Drop Box NOT Acceptable)

Port St. Lucie, FL 34984

(City / State / Zip)

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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.



Registered Agent's Signature - Chad Quist

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

H10000203483

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Audra Quist, 102 SE Rio Casarano, Port St. Lucie, FL 34984

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Audra Quist

Typed or printed name of signee