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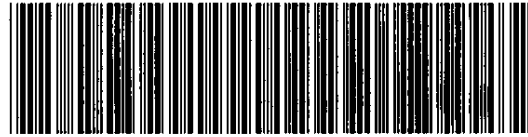
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OCT 29 2010

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CFS Business Enterprises 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:

**Christine Stockelman**

Name of Person

Firm/Company

**4001 Bloomingdale Ave**

Address

**Valrico, FL 33596**

City/State and Zip Code

**fuz\_40@yahoo.com**

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

For further information concerning this matter, please call:

**Christine Stockelman**

Name of Person

at ( **813** ) **684-0276**

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)

**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 OF  
CFS Business Enterprises, LLC

KNOW ALL MEN BY THESE PRESENTS: That I/We, Christine Stockelman, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, do establish:

1. Company Name. That the name of the limited liability company is CFS Business Enterprises, LLC
2. Duration. That the period of duration of this limited liability company perpetual.
3. Purpose. That the purpose for which this limited liability company is organized is primarily to provide goods and services that are permitted by law, within and without the state as the laws of Florida and other states permit.
4. Principal Place of Business. That the address of its principal place of business is 4001 Bloomingdale Ave - Valrico, FL 33596.
5. Registered Agent and Office. That the name of its registered agent, whose Consent to Appointment as Registered Agent accompanies these articles, is Christine Stockelman, and address of the agent at the registered office is 4001 Bloomingdale Ave - Valrico, FL 33596.

*Having been named as resident agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept appointment of resident 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..*



Christine Stockelman, Resident Agent

6. Admission of Additional Members. That additional Members will be admitted or expelled only with the unanimous consent of all Members entitled to participate in management and upon such terms as are unanimously agreed to by all Members entitled to a dividend upon dissolution or liquidation.

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7. Continuity of Life. That the remaining Members of the limited liability company may only have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or occurrence of any other event which terminates the continued Membership of a Member in this limited liability company if they unanimously elect to do so. The return of capital and the distribution of profits shall be determined from the company's books, as of the effective date of withdrawal, based on generally accepted accounting practices, and paid as soon as practicable without diminishing the prospects of the company's ventures and subject to the limitations of the Florida Limited Liability Company Act.

8. Management. The business of the company shall be conducted under the exclusive management of its Members who shall have exclusive authority to act for the company in all matters. The Members may from time to time designate certain Members as Officers to act for the Company in certain matters as specified by the Operating Agreement.

9. Managing Members: The name and address of each managing member is:

MGRM: Christine Stockelman - 4001 Bloomingdale Ave - Valrico, FL 33596.

10. Effective date: The effective date shall be upon filing.

DATED this 18<sup>th</sup> day of October, 2010.

11. 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.)

Christine A. Stockelman  
Christine Stockelman