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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 24 2011

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: COMPREHENSIVE MANAGEMENT SOLUTIONS, 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:

**Gary B Davenport**

**Name of Person**

**Gary B Davenport, PA**

**Firm/Company**

**PO Box 840320**

**Address**

**St. Augustine, FL 32080-0320**

**City/State and Zip Code**

**gary@davenportpa.com**

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

For further information concerning this matter, please call:

**Gary B Davenport**

**at (904) 209-6801**

**Name of Person**

**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

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ARTICLES OF ORGANIZATION  
FOR  
COMPREHENSIVE MANAGEMENT SOLUTIONS, LLC  
a Florida Limited Liability Company

The undersigned Member, desiring to form a limited liability company under and pursuant to Florida Statute 608, entitled the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such company:

**ARTICLE I - NAME**

The name of this company shall be COMPREHENSIVE MANAGEMENT SOLUTIONS, LLC

**ARTICLE II - ADDRESS OF PRINCIPAL OFFICE**

The street and mailing address of the principal office of the limited liability company is 4625 NW 9<sup>th</sup> Ave., Apt. 305, Doral, FL 33178.

**ARTICLE III - REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent and office for this company is as follows: Steven Schrager, 4625 NW 9<sup>th</sup> Ave., Apt. 305, Doral, FL 33178.

**ARTICLE IV - MANAGING MEMBERS**

The names and address of the managing member is as follows:

**Name**

**Address**

Steven Schrager


4625 NW 9<sup>th</sup> Ave., Apt. 305  
Doral, FL 33178

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The management and control of the Company shall be vested in its members unless and until a manager is elected by a majority of members.

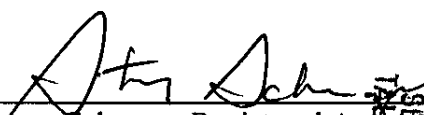
**ARTICLE V – EFFECTIVE DATE**

The Effective Date shall be the date of filing of these Articles of Organization.

  
STEVEN SCHRAGER  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155 F.S.)

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.

  
Steven Schrager, Registered Agent  
Date: 1-19-11

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