

LI1000011827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2011 JAN 27 AM 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JAN 28 2011

EXAMINE 2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLIFF COOK CNC REPAIR, 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:

Cliff Cook

Name of Person

Firm/Company

441 Weber Blvd. N.

Address

Naples, FL 34120

City/State and Zip Code

cccook313@comcast.net

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

For further information concerning this matter, please call:

Cliff Cook

Name of Person

at (239) 370-0245

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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2011 JUN 27 MAR 12
TALLAHASSEE, FL
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLIFF COOK CNC REPAIR, 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:

441 Weber Blvd. N.
Naples, FL 34120

Mailing Address:

P.O. Box 990041
Naples, FL 34116

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:

Cliff Cook

Name

441 Weber Blvd. N.

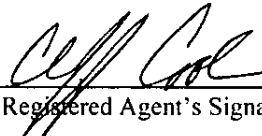
Florida street address (P.O. Box **NOT** acceptable)

Naples FL 34120

City, State, and 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 (REQUIRED)

(CONTINUED)

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

"MGRM" = Managing Member

Naples, FL 34120

MGRM

ARTICLE V: Effective date, if other than the date of filing: February 1, 2011 (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.)

201 JUL 27 AM 12
(OPTIONAL)
business days prior
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

✓ C. Col
Signature of a member or

Typed or printed name of signee

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)