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Office Use Only



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02/15/11--01023--005 **125.00

FFECTIVE DATE

SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: CEM	Name of Limited	d Liability Company)	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
TREVA	e Phillips		
		Name of Person)	
CEM-	TECH SOLUT	Tors LLC	· · · · · · · · · · · · · · · · · · ·
	(Firm/Company)	
<u>1314 j</u>	E. LAS OLAS	Blvd, Suita	2 715
		(71441633)	
Ft, LA	IDERDALE F	/, 3330/ (State and Zip Code)	
	(City)	State and Zip Code)	
For further information c	oncerning this matter, please	call:	
TREVOR FI	Hillips	at (<u>954</u>) <u>903-/</u> (Area Code & Daytime Tele	962
(Name o	of Person)	(Area Code & Daytime Tele	phone 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 Cl	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I -	Na	me:
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The name of the Limited Liability Company is:

CEM-TECH SOLUTIONS Lhc

(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:	Mailing Address:
1314 E. LAS OLAS Blud Suite 715 Ft. LAUDERDALE F1, 33301	DEER FIELD BEACH Fl 3244

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:

TREVOR PHILIPS

Name

208 CONGRESSIONAL WAY

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

DEER FIELD BEACHEL 33442

City, State, and Zip

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 (REOUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managin	a Member	Name and Address:	
MGR Malagni	g Member	D//:	
mare		1REVOR MAIliP	NA/ WAY
		DEER FIRLD BENCH	
			<u> </u>
		, , , , , , , , , , , , , , , , , , ,	
•			
(Use attachment if ne	cessary)		
	• ,	1.1.	
	if other than the dat	e of filing: <u>2/14/11</u>	(OPTIONA
LE V: Effective date,			
tective date is listed, (the date must be sp	ecific and cannot be more tha	in five business day
tective date is listed, (the date must be sp	ecific and cannot be more tha	in five business day
days after the date of	the date must be sp f filing.)	ecific and cannot be more tha	ather 1 ·
days after the date of	the date must be sp f filing.)	ecific and cannot be more tha	ather 1 ·
days after the date of	the date must be sp f filing.)	ecific and cannot be more that	11 FEB
days after the date of	the date must be sp f filing.) TURE:	Pa-Up	11 FEB 15
days after the date of REQUIRED SIGNA	f filing.) TURE:	an authorized representative of a	11 FEB 15
days after the date of REQUIRED SIGNA	f filing.) TURE: nature of a member or accordance with section	Pa-Up	member.

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)