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J. BRYAN

MAR 2 2 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Custom Fundraising Solutions of East Florida
50202	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
1	William W. Nash
	Name of Person
	Custom Fundraising Solutions of East Florida
_	Firm/Company
	2250 Golf Isle Drive Unit 506
7	Address
٨	Melbourne, FLorida 32935 City/State and Zip Code
-	
	wnashgolf@aol.com E-mail address: (to be used for future annual report notification)
For furtl	her information concerning this matter, please call:
Willia	m W. Nash at (716) 432-2119
	Name of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.00	Filing Fee \$\sim \frac{1}{2}\$130.00 Filing Fee & \$\frac{1}{2}\$155.00 Filing Fee & \$\frac{1}{2}\$\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Custom Fundraising Solutions of East Florida L.L.C.

(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:		
William W. Nash	William W. Nash		
2250 Golf Isle Drive Unit 506	2250 Golf Isle Drive Unit 506	5	
Melbourne, Florida 32935	Melbourne, Florida 32935		
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its ov business entity with an active Florida registration.)	wn Registered Agent. You must designate an indiv		
The name and the Florida street address of	the registered agent are:	I MA	7
William W. Nash		MAR 2 CRETA	
	Name) SSF SSF	
2250 Golf Isle Drive Unit 506		PA E. F	
Florida s	treet address (P.O. Box NOT acceptable)	110 118 1:1	7
Melbourne	_{FL} 32935	TATE ORIDA	•
	City, State, and Zip	- Merit a	

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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR William W. Nash 2250 Golf Isle Drive Unit 506 Melbourne, Florida 32935 (Use attachment if necessary) _. (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: ____ (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.) **REQUIRED SIGNATURE:** 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. 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 s.817.155, F.S.)

William W. Nash

Typed or printed name of signee

Filing Fees:

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