# L110000080465

(Requestor's Name)
A.I.
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special instructions to Filing Officer:
<b>A</b> • -
A. LUNT
JUL 13 2011
EXAMINER

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SEGRETARY OF STATE

# **COVER LETTER**

10:	Registration of	n Section Corporations					
SUBJEC	T. C&F	R Resources L.L.C.					
·		Name of Limited	Liability Com	pany			
i - 1 -							
The encl	osed Articles	s of Organization and fee(s) are sub	mitted for fili	ng.			
Please re	turn all corre	espondence concerning this matter	to the following	ıg:			
(	Calvin (	Carter					
			ame of Person			• .	
			•				
_		Fi	rm/Company	<del> </del>			
	1201 D	ail Head Blvd. Suite#	10				
	1301 13	all nead bivd. Suite #	Address			Þσ	<b>3</b>
						L P ECX	
N	laples, F	Florida 34110				HE HE	<del></del>
	alvin@h	city/si oleinonegolfcarts.com	tate and Zip Co	oje	·	RY C	_
	aiviii@iii	E-mail address: (to be used for f	uture annual re	port notification	)	700	_
For furth	er information	on concerning this matter, please ca	d1:			TATE	
Calvin	L.Carte	r at	239	, 598-313	80		
	Nan	ne of Person	Area Co	de & Daytime To	elephone Numb	per	
Enclose	d is a check	for the following amount:					
\$125.00 I	Filing Fee	Certificate of Status	\$155.00 Fil Certified C	ору	\$160.00 Certifica	te of Sta	
		(FI. Dept. of Skile)	(additional co	py is enclosed)	Certified (additiona	l copy is e	nclosed)
		Mailing Address		Courier Addre	<u>:555</u>		
•		Registration Section Division of Corporations		ation Section n of Corporation	ons		
•		P.O. Box 6327	Clifton	Building xecutive Cente			
		Tallahassee, FL 32314		xecutive Cente			

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company	is:	
C&R Resources L.L.C.		
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Lia	bility Company is:
Principal Office Address:	<b>Mailing Address:</b>	
1301 Rail Head Blvd Suite #10 Naples, Florida 34110	1301 Rail Head Suite # 10 Naples, Florida 34110	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)		
The name and the Florida street address of the	ne registered agent are:	TASE 2
Calvin L. Carter		SEGRE TARY
Na	me	E JARY HASSE
27110 Williams	Road	<u> </u>
Florida street	address (P.O. Box NOT acceptable)	
Bonita Springs	<sub>FL</sub> 34135	DF STAI
City	, State, and Zip	DA T

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:	器言 也
"MGR" = Manager		
"MGRM" = Managing Member		55 = K
MGRM	Calvin L. Carter	SERC
	27110 Williams Road	7.0
	Bonita Springs, Fl. 34135	OF .
MGRM	Robin D. Carter	C.C.
	27110 Williams Road	
	Bonita Springs, Fl.34135	
		<u> </u>
		<del></del>
(Use attachment if necessary)		

ARTICLE V: Effective date, if other than the date of filing: 20// (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.)

## **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.)

Calvin L. Carter

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)