

L11000102505

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000220044 3)))



H110002200443ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

2011 SEP - 7 AM 8:03
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
11 SEP - 7 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
CG Long, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

C. LEWIS

SEP - 8 2011

EXAMINER

H11000220044 3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

FILED
2011 SEP - 7 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is:

CG LONG, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

5939 BLAKEFORD DRIVE
WINDERMERE, FLORIDA 34786

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

JOSE A CLAVIER
5939 BLAKEFORD DRIVE
WINDERMERE, FLORIDA 34786

Having been named as registered agent 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.

X 
JOSE A CLAVIER / Registered Agent's signature

H11000220044 3

H11000220044 3

PAGE 2 CG LONG, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

JOSE CLAVIER

5939 BLAKEFORD DRIVE

WINDERMERE, FLORIDA 34786

MANAGING MEMBER

JOSE A CLAVIER

11102 TIPPERARY DRIVE

BAKERSFIELD, CALIFORNIA 93311

MANAGING MEMBER

FRANCISCO CLAVIER

504 N ALAFAYA TRAIL

ORLANDO, FLORIDA 32828

FILED
SEP - 7 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X

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.

JOSE A CLAVIER

H11000220044 3