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J. BRYAN

OCT 24 2011

EXAMINER

COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT: C&A Co	onsulting and Inspectio	n LLC ed Liability Company	
	. want of Emily	ou balonty company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Picase return all corresp	pondence concerning this mat	ter to the following:	
Daniel Nelso	an		
Daniel Neisc	//	Name of Person	
C&A Consul	ting and Inspection LL	C	30
		Firm/Company	2 8
1378 Majes	ty Terrace		E 2 (
		Address	第二
Weston, FL. 3	33327		
		y/State and Zip Code	30
caconsulting	andinspection@gmail.	com	
	E-mail address: (to be used to	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Daniel Nelson		at (954) 384-6941	
Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 Ci Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C&A Consulting and Inspection LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTE MILES The mailing address and street address of the principal office of the Limited Liability Com

Principal Office Address:	Mailing Address:
1378 Majesty Terrace	1378 Majesty Terrace
Weston, Fl. 33327	Weston, Fl. 33327
	Effective Date 10/18/1/
	Name
1378 Majesty Ter	race
Flori	a street address (P.O. Box <u>NOT</u> acceptable)
Weston	FL33327
	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 (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"MGR" = Manager	Name and Address.
"MGRM" = Managing Member	Name and Address:
MGRM	Daniel Nelson
<u>vidnivi</u>	1378 Majesty Terrace
	Weston, Fl. 33327
	· · · · · · · · · · · · · · · · · · ·
	-
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Effective date, if other than the	e date of filing: 10/18/2011 (OPTIO
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LE V: Effective date, if other than the fective date is listed, the date must I days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb	be specific and cannot be more than five business be specific and cannot be more than five business be specific and cannot be more than five business be specific and cannot be more than five business be specific and cannot be more than five business be specific and cannot be more than five business be specific and cannot be more than five business be specific and cannot be more than five business be specific and cannot be more than five business be specific and cannot be more than five business be specific and cannot be more than five business be specific and cannot be more than five business be specific and cannot be more than five business be specific and cannot be more than five business be specific and cannot be more than five business be specific and cannot be speci
LE V: Effective date, if other than the fective date is listed, the date must I days after the date of filing.) REOUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under	per or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true
LE V: Effective date, if other than the fective date is listed, the date must I days after the date of filing.) REOUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under I am aware that any false information.)	be specific and cannot be more than five business or or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document

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)