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(Re	equestor's Name)	
(Ac	idress)	
`. (Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bı	isiness Entity Nar	me)
(Do	ocument Number) Certificates	
-Special Instructions to	Filing Officer:	

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2012 FEB 13 AM 8: 58
SECRETARY OF STATE

J. SAULSBERRY EXAMINER FEB 13 2012

COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT: CL P	referred Enterpris	es, LLC		
	Name of Limit	ed Liability Company		
The enclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please return all corres	spondence concerning this mat	ter to the following:		
Cary L V	Vood			
•		Name of Person		
CL Prefe	erred Enterprises,	LLC		
		Firm/Company		
4120 Sa	vannahs Trail			-
		Address	IAL SE	201:
Merritt Isla	and, FL 32953		CRE!	2012 FEB 13
	Cit	y/State and Zip Code	AR ASS	= F
cary.wood	@earthlink.net		<u> </u>	r*
For further information	n concerning this matter, please	for future annual report notification) e call:	FLORID	H 8: 5
Cary L Wood		at (321) 449-8875	>	ω
Name	e of Person	Area Code & Daytime Telep	phone Number	
	for the following amount: \$130.00 Filing Fee &	\$155.00 Filing Fee &]\$160.00 Filing Fe	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Statu Certified Copy (additional copy is enc	
	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 C Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - The name of the	Name: ne Limited Liability Company is:
CL Prefe	rred Enterprises, LLC
	(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:	
Cary L Wood 4120 Savannahs Trail Merritt Island, FL 32953	Cary L Wood 4120 Savannahs Trail Merritt Island, FL 32953	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registration.) The name and the Florida street address of the Cary L Wood Name 4120 Savannahs	e registered agent are:	TALLAHASSEF
Merritt Island		8: 58 8: 58
Florida street a Merritt Island	ddress (P.O. Box NOT acceptable) FL 32953 State, and Zip	STATE C. 5

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:

"MGR" = Manager "MGRM" = Managing Member	,
MGR	Cary L Wood 4120 Savannahs Trail Merritt Island, FL 32953
	TALL.
	RETARY OF SAHASSEE, FI
	Dm 2
(Use attachment if necessary)	
	he date of filing: (OPTION be specific and cannot be more than five business date of the
REQUIRED SIGNATURE:	

(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.)

Cary L Wood

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)