

L1200005747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

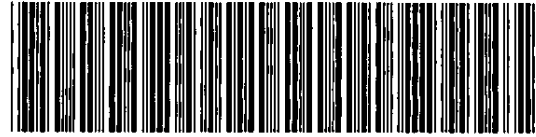
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G. MCLEOD

APR 30 2012

EXAMINER



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04/27/12--01003--024 \*\*125.00

RECEIVED  
DEPARTMENT OF STATE  
12 APR 27 AM 11:45

FILED  
12 APR 27 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CAFR INVESTMENTS, LLC

- \_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_ L.C. File \_\_\_\_\_
- \_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_ Merger File \_\_\_\_\_
- \_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_ Officer Search \_\_\_\_\_
- \_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_ Driving Record \_\_\_\_\_
- \_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_ Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: SETH

04/27/12

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

**ARTICLES OF ORGANIZATION**

**CAFR INVESTMENTS, LLC**

**A FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
**12 APR 27 PM 1:04**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**CAFR INVESTMENTS, LLC**

**ARTICLE II - Address:**

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

514 Bay Drive  
Vero Beach, Florida 32963

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be perpetual until it is dissolved and its affairs wound up in accordance with the Operating Agreement duly adopted by this Limited Liability Company and the Florida Statutes.

**ARTICLE IV - Management:**

The Limited Liability Company is to be a member-managed company. The initial managing member shall be:

Cathy P. Jetson  
514 Bay Drive  
Vero Beach, Florida 32963

**ARTICLE V - Purpose:**

This Limited Liability Company shall have the right to operate for any lawful purpose permitted under the laws of the State of Florida.

**ARTICLE VI - Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be as set forth in the Operating Agreement duly adopted by this Limited Liability Company.

**ARTICLE VII - Members Rights to Continue Business:**

The right, if given, of the remaining members of this Limited Liability Company to continue the business on the death, retirement, resignation, exclusion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be by members' agreement as provided in the Operating Agreement duly adopted for the Limited Liability Company.

**ARTICLE VIII - Registered Agent:**

Charles E. Garris, whose street address is 819 Beachland Boulevard, Vero Beach, Florida 32963, is appointed as the initial Registered Agent, for service of process, in this State for this Limited Liability Company.

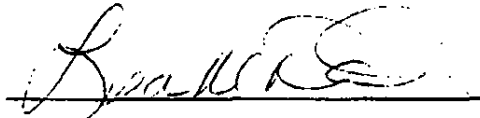
IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 26 day of April, 2012.

(In accordance with §608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
\_\_\_\_\_  
Charles E. Garris,  
Authorized Representative

STATE OF FLORIDA  
COUNTY OF INDIAN RIVER

Sworn to and subscribed before me by CHARLES E. GARRIS this 26<sup>th</sup> day of April, 2012.





(Print, type, or stamp commissioned name of notary public)

Personally known  or produced identification \_\_\_\_\_  
Type of identification produced \_\_\_\_\_

**CONSENT OF REGISTERED AGENT**

Having been named as Registered Agent for this Limited Liability Company at the registered office designated in the foregoing Articles of Organization, the undersigned is familiar with and accepts the obligations of this designation as provided for in Chapter 608 of the Florida Statutes.

Dated this 26 day of April, 2012.

  
\_\_\_\_\_  
CHARLES E. GARRIS  
Registered Agent