L12000120887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

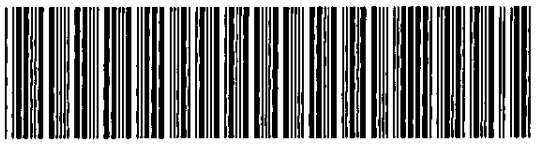
A. LUNT

SEP 21 2012

EXAMINER

W12-48538

Office Use Only



600238966026

09/20/12--01001--013 **125.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2012 SEP 19 PM 4:40
NOT REVIEWED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2012 SEP 19 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2012

CORDIRECT AGENTS, INC.
ATTN: KIM WEIDENBACH
515 EAST PARK AVE.
TALLAHASSEE, FL 32301

SUBJECT: SERFASS CBM, LLC
Ref. Number: W12000048538

FILED
2012 SEP 19 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SERFASS CBM, LLC and your check(s) totaling $125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 012A00023599

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 09/19/12

REF. #: 000153.173132

CORP. NAME: SERFASS CBM, LLC

FILED
2012 SEP 20 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION

( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME

( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP (XX) LIMITED LIABILITY

( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL

( ) CERTIFICATE OF CANCELLATION

( ) OTHER:

STATE FEES PREPAID WITH CHECK# 101062 FOR $ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: $_____

PLEASE RETURN:

( ) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY

( ) CERTIFICATE OF STATUS

Examiner's Initials

FILED
2012 SEP 19 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
SERFASS CBM, LLC
a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME. The name of the Limited Liability Company is SERFASS CBM, LLC (the "Company").

2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: 57 Central Court, Tarpon Springs, Florida 34689.

3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: David D. Serfass, 57 Central Court, Tarpon Springs, Florida 34689.

The undersigned has executed these Articles of Organization on the 18 day of September, 2012.

SERFASS CBM, LLC

By: _____
David D. Serfass, authorized agent

FILED
2012 SEP 20 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: SERFASS CBM, LLC.

2. The name and address of the registered agent and office is: David D. Serfass, 57 Central Court, Tarpon Springs, Florida 34689.

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.

By: _____ 9-18-2012
David D. Serfass, (Date)
Registered Agent