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Florida Department of State
Division of Corporations
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To:

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

850-245-6030

Attn:
Jeraline

From:

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

Tracy

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

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**FLORIDA LIMITED LIABILITY CO.
CA CONSULTANTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT 16 AM 8:34

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J. SAULSBERRY
EXAMINER

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

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

CA CONSULTANTS LLC

ARTICLE II ADDRESS

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

3426 HANCOCK BRIDGE PARKWAY UNIT 405
NORTH FORT MYERS, FLORIDA 33903**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**


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

ELIZABETH A LIGON
3426 HANCOCK BRIDGE PARKWAY UNIT 405
NORTH FORT MYERS, FLORIDA 339032012 OCT 16 AM 8:34
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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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


ELIZABETH A LIGON / Registered Agent's signature

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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

MANAGING MEMBER

ELIZABETH A LIGON

3426 HANCOCK BRIDGE PARKWAY UNIT 405

NORTH FORT MYERS, FLORIDA 33903

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TALLAHASSEE, FLORIDA

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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.

ELIZABETH A LIGON

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