

L13000047386 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

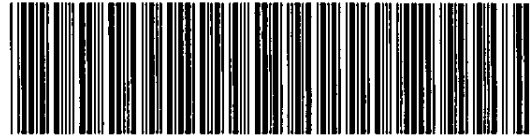
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/29/13--010285-0042 **12400

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2013 MAR 29 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
APR 1 2013
EXAMINER

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cherokee Pumping of Florida, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott M. Slovin, Esq.

Name of Person

Schwartz Manes Ruby & Slovin

Firm/Company

441 Vine Street, Suite 2900

Address

Cincinnati, Ohio 45202

City/State and Zip Code

sslovin@smrslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott M. Slovin, Esq. at (513) 579-1414

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

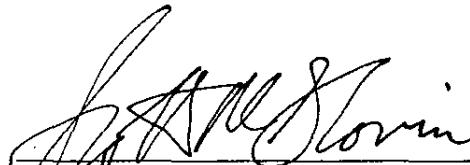
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CONSENT
(to use of name)

March 28, 2013

I, the undersigned, being the authorized representative (in writing) of the sole Member of Cherokee Pumping of Florida, L.L.C., do hereby agree to allow Cherokee Pumping of Florida, LLC to use the same name in the State of Florida and the undersigned does hereby consent to allow Scott M. Slovin as the Incorporator to form the new Florida limited liability company using the same name.



Scott M. Slovin, Authorized Representative
of Cherokee Pumping of Florida, L.L.C.

(201756_1)

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cherokee Pumping of Florida, 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:

6511 Nova Drive #285
Davie, FL 33317

Mailing Address:

6511 Nova Drive #285
Davie, FL 33317

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

NRAI Services, Inc.

Name

516 East Park Avenue

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL 32301

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..

Ji Probst Asst. Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Rodolfo Rivero

4181 SW 56th Terrace

Davie, FL 33314-3744

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TALLAHASSEE, FLORIDA

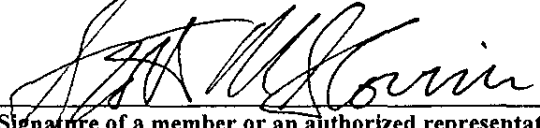
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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. 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.)

Scott M. Slovin

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)