

L13000095450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

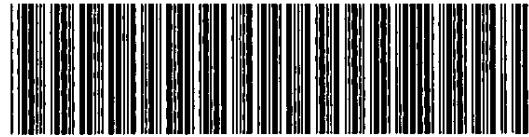
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700248395927

06/14/13--01023--019 **160.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2013 JUL -2 PM 4:24

FILED

JUL 03 2013

D. BRUCE

WB-34918

CHARLES R. MITCHELL

11717 UNICORN ROAD

TAMPA, FL 33637

(813) 985-2642

SUBJECT: CLOUD 9 SERVICES, LLC New Name and Corrections
Ref. Number: W13000034918
Your Letter No. 013A00015142

Ms Deborah Bruce
Regulatory Specialist II
Florida Department of State
Divisions of Corporations

Dear Ms Bruce:

I have attached your above referenced letter and changed the requested name in the documents and have made, I believe, any other appropriate changes necessary.

Hopefully everything will now be in order and you can register our new LLC.

The rejected name has been changed to "CLOUD 9 PROPERTIES, LLC"

I look forward to hearing from your agency at your earliest convenience and thanks for your assistance.

Sincerely,

Charles R. Mitchell
Phone (813) 985-2642
Fax: (813) 989-3222

FILED
2010 JUL -2 PM 4:24
CLERK OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2013

CHARLES R. MITCHELL
11717 UNICORN ROAD
TAMPA, FL 33637

SUBJECT: CLOUD 9 SERVICES, LLC
Ref. Number: W13000034918

We have received your document for CLOUD 9 SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is P01000112464 "CLOUD 9 SERVICES, INC.".

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6051.

2013 JUL -2 PM 4:25
FILED

Deborah Bruce
Regulatory Specialist II

Letter Number: 013A00015142

FILED

2013 JUL -2 PM 4:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLOUD 9 SERVICES, 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:

CHARLES R. MITCHELL

Name of Person

Firm/Company

11717 UNICORN ROAD

Address

TAMPA, FL 33637

City/State and Zip Code

bob@bobmitchellassoc.com

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

For further information concerning this matter, please call:

BOB MITCHELL

Name of Person

at (813) 985-2642

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input 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 checked="" 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

FILED
2013 JUL -2 PM 4:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLOUD 9 PROPERTIES, 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:

11717 UNICORN RD.

TAMPA, FL 33637

Mailing Address:

11717 UNICORN RD

TAMPA, FL 33637

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:

LAURENE P. BRADSHAW

Name

421 DRUID HILLS RD

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

TAMPA,

FL

33617

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..

Lauren P. Bradshaw

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
JUL - 2 PM 4:25
CLERK OF STATE
TREASURY 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.

CHARLES R. MITCHELL

11745 UNICORN RD

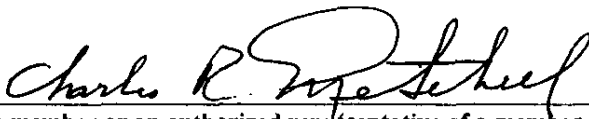
TAMPA, FL 33637

(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.)

CHARLES R. MITCHELL

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)

FILED
2013 JUL -2 PM 4:28
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA