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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to	Filing Officer:		

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B. BOSTICK NOV - 8 2013

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Corr Serv Name of Limite	d Liability Company	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspo	ndence concerning this matte	er to the following:	
_Grego	ory Corr	Name of Person	
	for Servi	CPS LLC Firm/Company	
<u></u>	161 Red Rot	in Dr.	•
		Address	
Port	: Orange cin	FL 32128 //State and Zip Code	
	E-mail address: (to be used for	or future annual report notification)	Carl
For further information c	oncerning this matter, please	call:	AHASS
Gregory	f Person	at (380) () - Area Code & Daytime Telep	OSO JEST PROPERTY OF THE PROPE
Enclosed is a check for	the following amount:		₽. ` 27
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$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 Ci Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

s:
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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..

(CONTINUED)

gent's Signature (REQUIRED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Gregory Corr 2061 Red Pobin Dr port orange FL 32128
(Use attachment if necessary)	
	date of filing: 1, 2014 (OPTIONAL) be specific and cannot be more than five business days
REQUIRED SIGNATURE:	ZOI3 NOV
Signature of a member	or an authorized representative of a member.
constitutes an affirmation under t I am aware that any false informa	the penalties of perjury that the facts stated herein are true. this penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State as provided for in s.817.155, F.S.)

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)