

L1400 6040447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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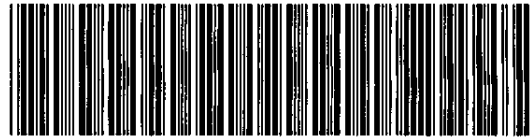
(Business Entity Name)

(Document Number)

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Office Use Only



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14 MAR 10 6:10:35  
SECURITY DIVISION  
TALLAHASSEE, FLORIDA

J. Shivers MAR 11 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CNS MANAGEMENT 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:

STEPHEN CAMERON

Name of Person

CAMERON LAW GROUP, P.A.

Firm/Company

111 N. PINE ISLAND ROAD, SUITE 103

Address

PLANTATION, FLORIDA 33324

City/State and Zip Code

STEPHEN@CAMERONLAWGROUP.COM

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

For further information concerning this matter, please call:

Stephen Cameron

Name of Person

at ( 305 ) 562-7889

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
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 Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CNS MANAGEMENT SERVICES, 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:**

111 N. Pine Island Rd. Suite 103  
Plantation, Florida 33324

**Mailing Address:**

111 N. Pine Island Rd., Suite 103  
Plantation, Florida 33324

**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:

Stephen Cameron

Name

111 N. Pine Island Rd. Suite 103

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

Plantation

City

FL 33324

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 605, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 APR 10 PM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

CHERYL GARRETT

2811 SW 84th Terr

Miramar, Florida, 33025

MGR

NICOLE DESPINOSSE

2811 SW 84th Terr

Miramar, Florida 33025

MGR

Stephen Cameron

111 N. Pine Island Rd., Suite 103

Plantation, Florida 33324

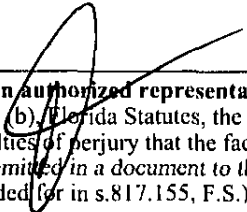
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: March 7, 2014 (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b) 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.)

STEPHEN CAMERON

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)