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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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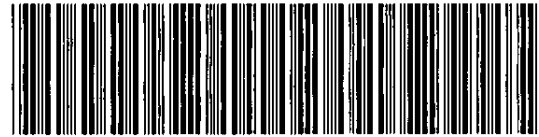
(Business Entity Name)

(Document Number)

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15 JUN -5 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

umd 6/9



John T. Driscoll, P.A.

Certified Public Accountant \ MBA

825 SE 3rd Ave, Suite 200

Ocala, FL 34471

Member AICPA, FICPA

Telephone (352) 622-5664

Fax (352) 671-5373

E-mail: cpa@jtdriscollcpa.com

May 29, 2015

**Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314**

To Whom It May Concern:

**Enclosed please find original and one (1) copy of the Article of Organization for
CBC ENTERPRISE GROUP, LLC**

I have enclosed a check in the amount of \$125.00 to cover the costs as follows:

Article of Organization filing fee	<u>\$ 125.00</u>
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Total	\$ 125.00
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Please forward a stamped copy of the Article of Organization to the below address:

**John T. Driscoll C.P.A., P.A.
825 SE 3rd Ave, Suite 200
Ocala, Florida 34471**

Thank you in advance for your kind and prompt attention to this matter, and if you should have any questions please call me at (352) 622-5664.

Sincerely,

John T Driscoll CPA

Enclosures

**ARTICLES OF ORGANIZATION
FOR
CBC ENTERPRISE GROUP, LLC**

The undersigned subscriber(s) to these Articles of Organization, each a natural person competent to contract, hereby associate themselves together to form a limited liability company under the Laws of the State of Florida.

15 JUN -5 PM 2:25
STATE
ALLA...
FLORIDA

ARTICLE I. - NAME

The name of this limited liability company is:

CBC ENTERPRISE GROUP, LLC

ARTICLE II. - MAILING ADDRESS

The mailing address and the principal office address are the same.

**5519 NE 62ND RD
SILVER SPRINGS, FLORIDA 34488**

ARTICLE III. - REGISTERED AGENT

**DANIEL R SCHOFIELD
5519 NE 62ND RD
SILVER SPRINGS, FLORIDA 34488**

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..

Signature


DANIEL R SCHOFIELD

Registered Agent

Date

5-28-15

ARTICLE IV. - MANAGING MEMBERS

**DANIEL R SCHOFIELD
5519 NE 62ND RD
SILVER SPRINGS, FLORIDA 34488**


**JAMIE SCHOFIELD
5519 NE 62ND RD
SILVER SPRINGS, FLORIDA 34488**

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RECEIVED
ALLIANCE STATE
ATTORNEY GENERAL
FLORIDA

ARTICLE V. - TERMS OF EXISTENCE

This Limited Liability Company is to exist perpetually. The effective date of this Limited Liability Company shall be **JUNE 1, 2015**

Signature


**DANIEL R SCHOFIELD
MGRM**

Date

5-25-15

Signature


**JAMIE SCHOFIELD
MGRM**

Date

5/29/15