

L16000032542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

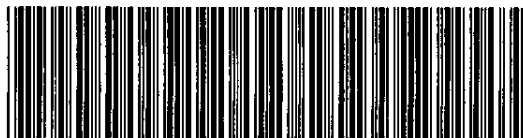
(Document Number)

Certified Copies \_\_\_\_\_

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Special Instructions to Filing Officer:

Office Use Only



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02/09/16--01021--029 \*\*72.50

12/18/15--01007--001 \*\*87.50

FILED  
16 FEB -5 AM 12:46  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

FEB 17 2016

S. GILBERT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 31, 2015

TED WEAVER  
13951 7TH ST STE 10  
DADE CITY, FL 33525

SUBJECT: CRM ABATEMENT SERVICES LLC  
Ref. Number: W15000083104

We have received your document for CRM ABATEMENT SERVICES LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorrect documents were submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 215A00027217

RECEIVED  
16 FEB -5 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CRM Abatement 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:

Jennifer Weaver  
Name of Person

CRM Abatement Services LLC  
Firm/Company

6845 Parkdale Place Suite B  
Address

Indianapolis IN 46254  
City/State and Zip Code

jennifer.weaver@crm-workforce.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Weaver 317 417-7458  
Name of Person 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)

pd. 87.50  
Balance \$37.50

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing 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:

CEM Abatement Services LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

FILED

16 FEB -5 AM 12:46

STATE OF FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

13951 Seventh St. Suite 10  
Dade City, FL 33525

Mailing Address:

6845 Parkdale Place Su. B  
Indianapolis, IN 46254

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:

Mercy Rivera  
Name

12439 Greco Dr.

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

Orlando FL 32824  
City State 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..

Mercy Rivera  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

\_\_\_\_\_

Ted Weaver

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

President  
6845 Parkside Place S.W.  
Indianapolis, IN 46254

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Ted Weaver

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)

37.50  
30.00  
5.00  

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\$ 72.50