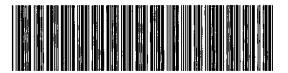
LW000118457

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ddress)	
(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
;		į

Office Use Only



200286855332

06/16/16--01015--007 **130.00

SEARCH FOR 3: 2

With the State of Sta

COVER LETTER

	egistration Section ' ivision of Corporations	
SUBJECT	Custom Cloud Systems LLC	
SUBJECT		imited Liability Company
The enclos	ed Articles of Organization and fee(s)	are submitted for filing.
. Please retu	rn all correspondence concerning this	matter to the following:
•	Marvin Titus-Casseus	
		Name of Person
	Custom Cloud Systems LLC	
		Firm/Company
	12813 Saddle Club Circle, APT 204	
		Address
	Tampa, Florida, 33635	
		City/State and Zip Code
<u>-</u>	marv.tituscasseus@gmail.com E-mail address: (to be us	ed for future annual report notification)
For further in	nformation concerning this matter, ple	·
	Marvin Titus-Casseus	631 431-0987
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
] \$125.00 Fi	_	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	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:		
Custom Cloud System	is LLC		
(Must end w	ith the words "Limited	Liability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address.	drace of the principal o	ffice of the Limited Li	ability Company is:
The maining address and silver add	uress or the principar o	ince of the Limited Li	ability Company is.
Principa	Office Address:		Mailing Address:
Marvin Titus-Casseus		Marvin	Titus-Casseus
12813 Saddle Club Ci	rcle, APT 204	12813	Saddle Club Circle, APT 204
Tampa, Florida, 3363	5	Tampa	Florida, 33635
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	annot serve as its own	Registered Agent. You	
The name and the Florida street ac	ddress of the registered	l agent are:	
	Marvin Titus-Casseu	s	
		Name	
	12813 Saddle Club C	Circle, APT 204	
	Florida street address	s (P.O. Box NOT acco	ptable)
	Tampa	Florida	33635

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Page 1 of 2

16 JUN 16 PH 3: 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Marvin Titus-Casseus
	12813 Saddle Club Circle, APT 204
	Tampa, Florida, 33635
MGR	Marvin Titus-Casseus
MOR	12813 Saddle Club Circle, APT 204
	Tampa, Florida, 33635
	Lamna, Florida, 33033
	date of filing: August 1st, 2016 . (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must be to of filing.) If the date inserted in this block does becoment's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the effective date is listed, the date must be to of filing.) If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the effective date is listed, the date must be to of filing.) If the date inserted in this block does becoment's effective date on the Departrective CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e:	not meet the applicable statutory filing requirements, this date will not be listed nent of State's records. a member or an authorized representative of a member. Secuted in accordance with section 605.0203 (1) (b), Florida Statutes.
CLE V: Effective date, if other than the effective date is listed, the date must be to of filing.) If the date inserted in this block does occument's effective date on the Departrective CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is end and aware that any	not meet the applicable statutory filing requirements, this date will not be listed nent of State's records. The state of the applicable statutory filing requirements, this date will not be listed nent of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must be to of filing.) If the date inserted in this block does occument's effective date on the Departrective CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is end and aware that any	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records. a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony 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)

ARTICLE IV-