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SECRETARY OF STATE ALLAHASSEE FLORID

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COVER LETTER

	egistration Section division of Corporations	
SUBJECT	CF SYSTEMS, LLC	
SUBJECT		nited Liability Company
The enclos	sed Articles of Organization and fee(s) ar	e submitted for filing.
Please retu	arn all correspondence concerning this ma	atter to the following:
	DAWN MINKS	
		Name of Person
		Firm/Company
	4497 ALBRITTON ROAD	· mas company
		Address
	ST. CLOUD, FL 34772	
	O JEFFMINKS@MINKSENGINEER.CO	City/State and Zip Code
·	E-mail address: (to be used	for future annual report notification)
For further i	nformation concerning this matter, pleas	e call:
	DAWN MINKS 44	07 892-5601
	Name of Person A	rea Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	·
\$125.00 F	iling Fee \$\frac{130.00}{Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\text{Certified Copy}\$ (additional copy is enclosed)
	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

FILED

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

16 JUN 23 PM 3: 45

	• • •		14 00H 52 111 3. r
<u>C</u> F SYSTEMS, LLC	;		SECRETARY OF STA
(Must end	with the words "Limited Liab	vility Company, "L.L.C.," or "LI	C.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal office	of the Limited Liability Compar	ny is:
<u>Princip</u>	al Office Address:	<u>Mailir</u>	ng Address:
4497 ALBRITTON	ROAD	4497 ALBRITTON R	OAD
ST. CLOUD, FL 34	772	ST. CLOUD, FL 347	72
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own Regi active Florida registration.)	stered Agent. You must designa	te an individual or
	DAWN MINKS		
	Nar	ne	
	4497 ALBRITTON ROAL	D	
	Florida street address (P.C	D. Box NOT acceptable)	

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..

FL

State

ST. CLOUD

City

Registered Agent's Signature (REQUIRED)

34772

Zip

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address: 16 JUN 23 PM 3: 45
'MGR" = Manager	10 0011 52 Ell 2: #2
MGR	JEFFREY MINKS SECRETARY OF STAFF
	4497 ALBRITTON ROAD LLAHASSEF FLORIDA
	ST. CLOUD, FL 34772
MGR	DAWN MINKS
	4497 ALBRITTON ROAD
	ST. CLOUD, FL 34772
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