

21600171796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

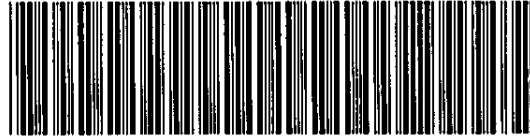
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
16 AUG 31 PM 10:41



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 10, 2016

CGS, LLC  
907 DUNDEE RD.  
DUNDEE, FL 33838

SUBJECT: CGS, LLC  
Ref. Number: W16000055254

We have received your document for CGS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P99000037779.

The Operating Agreement is not required to be filed with this office. Enclosed is the proper form that needs to be filled out for this filing to be processed.

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.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 716A00016837

16 AUG 11 PM 4:11  
STATE OF FLORIDA

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TALLAHASSEE, FLORIDA  
16 AUG 31 PM 10:41

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** C.G.S. 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:

Carl A

Name of Person

CGS, LLC

Firm/Company

907 Dundee Road

Address

Dundee, Florida 33838

City/State and Zip Code

lookitscarl@gmail.com

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

For further information concerning this matter, please call:

Michele Adamson

863

221-0304

at ( )

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)

**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

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TALLAHASSEE, FLORIDA

**TO: Registration Section  
Division of Corporations**

SUBJECT: CGS TOURNAMENT & TRADING 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:

MICHELE ADAMSON

Name of Person

# CARLS GAME STATION

Firm/Company

907 DUNDEE RD

Address

DUNDEE, PL 33838

City/State and Zip Code

Madamson115@gmail.com

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

For further information concerning this matter, please call:

Name of Person \_\_\_\_\_ at ( 863 ) 221-0304  
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**

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

**Street Address**

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Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CGS TOURNAMENTS & TRADING 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:

907 DUNDEE RD, DUNDEE FL 33838

Mailing Address:

SAME

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: MICHELE ADAMSON C/O

STEPHEN BAKER, ESQ

Name

800 1ST ST SOUTH

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

WINTER HAVEN, FL 33880

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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

BRYAN C. ADAMSON

MICHELE ADAMSON

**Name and Address:**

907 DUNDEE RD  
DUNDEE, FL 33838

508 BERMUDA DR  
LAKE WALES, FL 33859

(Use attachment if necessary)

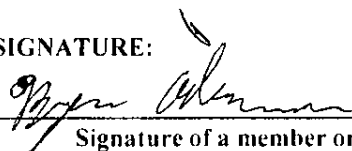
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL.)

(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.

BRYAN ADAMSON

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)

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