

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : PETERSON & MYERS PA
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: dalexander@petersonmyers.com

FLORIDA LIMITED LIABILITY CO.
CJW Services LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00



January 24, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PETERSON & MYERS PA

SUBJECT: CJW CONSULTING LLC
REF: W18000007145

We have received your document for CJW CONSULTING LLC and your check(s) totaling \$. 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 P13000044653.

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.

Carlos E Rico
Regulatory Specialist II

FAX Aud. #: H18000027771
Letter Number: 818A00001528

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**Articles of Organization of
CJW Services LLC**

ARTICLE I. NAME

The name of the Limited Liability Company is CJW Services LLC.

ARTICLE II. ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company are as follows:

Principal Office Address:

115 Wyndham Drive
Winter Haven, FL 33884

Mailing Address:

P.O. Box 1381
Winter Haven, FL 33882

ARTICLE III. INITIAL REGISTERD AGENT AND OFFICE

The name and the Florida street address of the registered agent are as follows:

Carylene Walker
115 Wyndham Drive
Winter Haven, FL 33884

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 property and complete performance of my duties, and I am famillar with and accept the obligation of my position as registered agent as provided for in Chapter 605, F.S.


Registered Agent's Signature

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ARTICLE IV. MANAGEMENT OF COMPANY

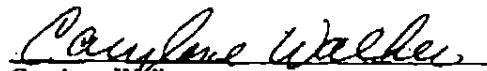
The limited liability company is a manager-managed limited liability company.

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Carylene Walker P.O. Box 1381 Winter Haven, FL 33882

ARTICLE V. EFFECTIVE DATE

The effective date of these Articles of Organization is upon filing.


Carylene Walker

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 Section 817.155, Florida Statutes.