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(City/State/Zip/Phone #)
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SECRETARY OF STATE
OVERSION OF COMPANIES

18 AUG 23 PM \$ 31

COVER LETTER

	ew Filing Section vision of Corporations		
CUBICT	CONTRA SS LLC		
SUBJECT	Name of Limited Liability Company		
The enclose	ed Articles of Organization and fee(s) are submitted for filing.		
Please retur	n all correspondence concerning this matter to the following:		
	Juan Gonzalez EA		
	Name of Person		
	New Age Business Services, LLC		
	Firm/Company		
	448 Beardsley Ave		
	Address		
	Bloomfield NJ 07003		
	City/State and Zip Code ronhidereborn@aol.com		
-	E-mail address: (to be used for future annual report notification)	A	
For further it	iformation concerning this matter, please call:	8 AUG 23	
	Buck C. Carter, III 718 285-2423		
	Name of Person Area Code Daytime Telephone Number	1. 一个	4
Enclosed is	a check for the following amount:	$\frac{\omega}{2}$	2
]\$ 125.00 Fi	ling Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ed)	•
	Mailing Address New Filing Section Street Address New Filing Section		

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CONTRA SS LL				
(Must e	and with the words "Limited	Liability Compar	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	et address of the principal o	ffice of the Limite	ed Liability Company is:	
Prin	cipal Office Address:		Mailing Address:	
8468 CORAL DE	UVE	84	68 CORAL DRIVE	
FORT MYERS, I	FL 33967	FC	ORT MYERS, FL 33967	
ARTICLE III - Registered				•
another business entity with:			. You must designate an individual	Oi
	•	-		
The name and the Florida str	•	-		
The name and the Florida str	•	-		
The name and the Florida str	eet address of the registered	-		18 A
The name and the Florida str	eet address of the registered	agent are:		18 AUG
The name and the Florida str	eet address of the registered	agent are: Name	acceptable)	18 AUG 23
The name and the Florida str	JOHN MITCHELL 8468 CORAL DRIV	agent are: Name	acceptable) 33967	18 AUG 23 PM
The name and the Florida str	JOHN MITCHELL 8468 CORAL DRIV Florida street address	Name E s (P.O. Box NOT		18 AUG 23 PH L
	Seet address of the registered JOHN MITCHELL 8468 CORAL DRIV Florida street address FORT MYERS, City	Name E s (P.O. Box NOT FL State	33967 Zip	18 AUG 23 PH 14 34
laving been named as register	Seet address of the registered JOHN MITCHELL 8468 CORAL DRIV Florida street address FORT MYERS, City red agent and to accept servi	Name E s (P.O. Box NOT FL State	33967 Zip he above stated limited liability com	AUG 23 PH I≠ 3panyal the
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(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	D 100 . W
AMBR	Buck C. Carter, III
	8468 Coral Drive
	Fort Myers, FL 33967
	
	
(Use attachment if necessary)	
·	of filing:
LE V: Effective date, if other than the date of	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other than the date of	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 day
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)