

L19 000129216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

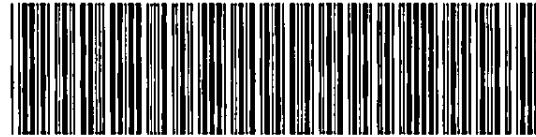
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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04/19/19--01013--016 \*\*100.00

05/21/19--01005--007 \*\*25.00

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19 MAY 20 PM 2:34  
SECRETARY  
TALLAHASSEE

M. MOON

MAY 21 2019



**Investment Properties, LLC**

6607 Clair Shore Drive  
Apollo Beach, Florida 33572

Office 813-252-0552  
Mobile 813-436-7024

May 7, 2019

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

RE: Letter Number: 519A00008841  
CNS Investment Properties, LLC  
Ref # L06000101443

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TALLAHASSEE

To Whom It May Concern:

I am in receipt of your correspondence dated May 2, 2019 (copy attached) regarding my Articles of Revocation of Dissolution being returned for not filing within the 120-day time frame.

Enclosed for filing is a new Articles of Organization for CNS Investment Properties, LLC for L06000101443. Please apply the previous submitted \$100 toward this new filing. In addition, I have enclosed a \$25 check for the balance of the filing fee required.

If you have any questions, please contact me at 813-436-7024.

Sincerely,  
**CNS Investment Properties, LLC**

Candice Smith, Managing Member

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: CNS Investment Properties, 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:

Candice Smith

Name of Person

CNS Investment Properties, LLC

Firm/Company

6607 Clair Shore Drive

Address

Apollo Beach, Florida 33572

City/State and Zip Code

candicesmith1126@gmail.com

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

For further information concerning this matter, please call:

Candice Smith

813

436-7024

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)

\$100.00 previously  
Submitted

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CNS Investment Properties, LLC

(Must contain 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:

6607 Clair Shore Drive  
Apollo Beach, Florida 33572

Mailing Address:

6607 Clair Shore Drive  
Apollo Beach, Florida 33572

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:

Candice Smith

Name

6607 Clair Shore Drive

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

Apollo Beach

FL

33572

City

State

Zip

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TALLAHASSEE, FLORIDA

*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..*

Candice Smith

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Candice Smith

6607 Clair Shore Drive

Apollo Beach, Florida 33572

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

Candice Smith

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.

Candice Smith

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA