

L22 0000083208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

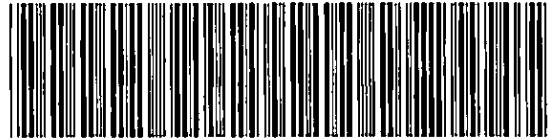
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000379010630

02/28/22--01002--015 **125.00

2022 FEB 25 PM 12:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

2022 FEB 25 PM 5:08
TALLAHASSEE, FLORIDA

LED

RECEIVED

5

Mr. 2/28/22

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

125

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: 02/25/2022

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** LLC _____

1. CBT SERVICES, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED

2022 FEB 25 PM 12:47

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

CBT SERVICES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7901 4th ST N. SUITE 300

ST PETERSBURG, FL 33702

Mailing Address:

7901 4th ST N. SUITE 300

ST PETERSBURG, FL 33702

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

DORCAS TROCHE, INC.

8570 STIRLING ROAD, 102-368

HOLLYWOOD, FL 33024

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.

/S/ DORCAS TROCHE

Registered Agent's Signature

(CONTINUED)

ARTICLE IV - Members/Managers

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

**ARI BEN RAUL ORTEGA AGUILAR
7901 4TH ST N. SUITE 300
ST PETERSBURG, FL 33702**

AMBR

**DAVID SIKANDAR ORTEGA AGUILAR
7901 4TH ST N. SUITE 300
ST PETERSBURG, FL 33702**

ARTICLE V: EFFECTIVE DATE

The effective date of this filing is February 24, 2022.

REQUIRED SIGNATURE:

/S/ ARI BEN RAUL ORTEGA AGUILAR

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.

/S/ ARI BEN RAUL ORTEGA AGUILAR

Typed or printed name of signee

FILED
2022 FEB 25 PM 12:47
CLERK OF STATE
TALLAHASSEE, FLORIDA