

L22000153694

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LYONS & LYONS, P.A.
Account Number : I20030000061
Phone : (239)948-1823
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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: michael.card9@gmail.com

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CORPORATIONS
COMMERCIAL
SERVICES

**FLORIDA LIMITED LIABILITY CO.
CF Residential Services, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION
OF
CF RESIDENTIAL SERVICES, LLC**

ARTICLE I – NAME

The name of the limited liability company is CF Residential Services, LLC, (the "Company").

ARTICLE II – ADDRESS

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

Principal Office Address:
6613 Autumn Woods Boulevard
Naples, Florida 34109

Mailing Address:
6613 Autumn Woods Boulevard
Naples, Florida 34109

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**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Michael Card
6613 Autumn Woods Boulevard
Naples, Florida 34109

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.

DocuSigned by:

Michael Card

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

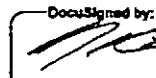
"AMBR" = Authorized Member

MGR

Name and Address:

Michael Card
6613 Autumn Woods Boulevard
Naples, Florida 34109

REQUIRED SIGNATURE:

DocuSigned by:


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.

Michael Card

Typed or printed name of signer

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