

W22000166148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

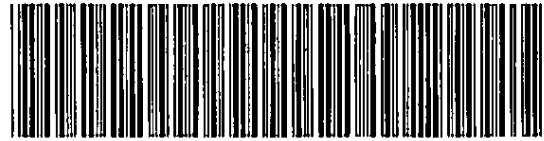
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:  
  
W2200042405

Office Use Only



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*Signature*

2022 APR 14 PM 1:04

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: CGI & Associates 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:

Peter Flores  
Name of Person  
DDC, LLC  
Firm/Company  
PO Box 120595  
Address  
W. Melbourne, FL 32912  
City/State and Zip Code  
pactecs@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Flores at (210) 585-1031  
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)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

10/10/03 10:00 AM



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

Title:  
"AMBR" = Authorized Member  
"MGR" = Manager

Peter Flores

PO Box 120595

W. Melbourne FL 32912

Robyn Sanchez

PO Box 120595

W. Melbourne FL 32912

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*u/a*

(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:

*[Handwritten Signature]*

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.

\_\_\_\_\_  
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)

01:11:10



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 APR 14 PM 3:01

CORPORATIONS  
COMMERCIAL  
SERVICES

April 1, 2022

PETER FLORES  
PO BOX 120595  
W MELBOURNE, FL 32912

SUBJECT: CGI & ASSOCATES LLC  
Ref. Number: W22000042405

ASSOCIATES!!

We have received your document for CGI & ASSOCATES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

The registered agent must sign accepting the designation.

The documents are too light.

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.

Karen Lovelace  
Regulatory Specialist II

Letter Number: 322A00007633

APR 14 2022