

**L23000301175**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000223021 3)))



H230002230213ABCP

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : FL PATEL LAW PLLC  
Account Number : I20170000097  
Phone : (727)279-5037  
Fax Number : (727)888-1294

2023 JUN 22 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Support@flpatellaw.com

**FLORIDA LIMITED LIABILITY CO.  
CW Consulting Services LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

2023 JUN 22 PM 2:14

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

**ARTICLES OF ORGANIZATION**  
**FOR**  
**CW CONSULTING SERVICES LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.**  
**Name**

The name of the Limited Liability Company is: CW Consulting Services LLC (the "Company").

**ARTICLE II.**  
**Address**

The principal office and mailing address of the Company is:

469 Long and Winding Road  
Groveland, FL 34737

**ARTICLE III.**

**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

Charles Williams  
469 Long and Winding Road  
Groveland, FL 34737

*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.*

*Charles Williams* (sign)  
Charles Williams

2023 JUN 22 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FL.

FILED

**ARTICLE IV.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Charles Williams 469 Long and Winding Road Groveland, FL 34737

**ARTICLE V.**

The Effective date shall be the date of filing.

Charles Williams (sign)

**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.

\_\_\_\_\_  
Charles Williams  
Authorized Representative/Member

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 JUN 22 PM 2:55

FILED