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.

(((H23000284805 3)))



H230002848053480%

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 : CS SUNBIZ, LLC Account Number : I20040000164

Phone : (407)691-5600 Fax Number : (407)691-5620

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

Email Address:

KWHITE@AHG-GROUP.COM

S. CHY.

FLORIDA LIMITED LIABILITY CO. SCHED E, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

(((H23000284805 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SCHED E. LLC					
	ain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")		
ARTICLE II - Address; The mailing address and street ad	ddress of the principal	CS Sunbiz, LLC office of the Limited L	iability Company is:		
<u>Princip</u>	al Office Address:		Mailing Add	lress;	
1501 GEORGE STR ORLANDO, FL 328			GEORGE STREET NDO, FL 32806		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its owr etive Florida registration	n Registered Agent. Yo on.)	s Signature: ou must designate an i	ndividual or STATE AUG	کناز اندیج ا
	ALAN S. WILSON			<u> </u>	ere ere Eren ere
	73.	Name		7 P) 15 SE	ř.
	1501 GEORGE STR	EET		11,00	2 max1
	Florida street addres	s (P.O. Box <u>NOT</u> acce	optable)	4:2	÷
	ÓRLANDO	FLORIDA	32806	: 1 2	
	City	State	Zip		

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.

(CONTINUED)

ARTICLE IV-

(((H23000284805 3)))

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	ALAN S. WILSON
	1501 GEORGE STREET
	ORLANDO, FL 32806
_	
	- <u></u>
	
	
	<u></u>
(Use attachment if necessary)	
ective date is listed, the date must b if filing.)	
ective date is listed, the date must b of filing.)	e specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be
ective date is listed, the date must b of filing.) the date inserted in this block does r	e specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be
ective date is listed, the date must be if filing.) the date inserted in this block does recent's effective date on the Departm EVI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be
ective date is listed, the date must b of filing.) the date inserted in this block does re- ment's effective date on the Departm	e specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be
ertive date is listed, the date must be filling.) the date inserted in this block does report is effective date on the Department's effective date on the Department's Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be
ective date is listed, the date must be filling.) the date inserted in this block does report is effective date on the Department's effective date on the Department's CVI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be sent of State's records.
ective date is listed, the date must be filling.) the date inserted in this block does report is effective date on the Department's effective date on the Department's CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a	e specific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be sent of State's records.
ective date is listed, the date must be if filing.) the date inserted in this block does report is effective date on the Department's effective date on the Department's even of a Signature of a This document is ex-	e specific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be sent of State's records. Thember or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
REQUIRED SIGNATURE: Signature of a This document is extended to the date inserted in this block does need to the Department's effective date on the Department's extended to the Department's	e specific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be sent of State's records.
ective date is listed, the date must be filling.) the date inserted in this block does report is effective date on the Department's effective date on the Department's even of a Signature of a This document is explained and aware that any the filling in the signature of a sign	Thember or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
ective date is listed, the date must be if filing.) the date inserted in this block does report is effective date on the Department's effective date on the Department's even the provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exist am aware that any the constitutes a third defined the provisions.	rmember or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
REQUIRED SIGNATURE: Signature of a This document is extended and aware that any to constitutes a third de ALAN S. Wi	Thember or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.