

# L98000001036

HOLLAND S. ANIGHT  
 Requester's Name  
 315 SOUTH GILHOON STREET  
 Address  
 Tallahassee, Florida 32301

City/State/Zip Phone #  
 224-7000

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk-in     ☒ Pick up time 4:00     ☒ Certified Copy  
☐ Mailout     ☐ Will wait     ☐ Photocopy     ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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 \*\*\*\*337.50 \*\*\*\*337.50

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 7/13/98

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 98 JUL 13 PM 2:02

Examiner's Initials	
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

CLOUD MANAGEMENT SERVICES, LLC

**ARTICLE II- Address:**

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

2 North Tamiami Trail  
Suite 302  
Sarasota, FL 34236

**ARTICLE III- Duration:**

The period of duration for the Limited Liability Company shall be:

Perpetual .

**ARTICLE IV- Management:**

**(check and complete the appropriate statement)**

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

John V. Cloud, III  
2 North Tamiami Trail  
Suite 302  
Sarasota, FL 34236

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

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DIVISION  
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## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

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The undersigned member or authorized representative of a member of \_\_\_\_\_  
Cloud Management Services, Inc. \_\_\_\_\_ deposits and says:

- 1) the above named limited liability company has one member
- 2) the total amount of cash contributed by the member(s) is \$ 0
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 230,000
- 5) the total amounts of 2, 3 and 4 is \$ 230,000

John V. Cloud III

Signature of a member or authorized representative of a member.

John V. Cloud, III, Representative of Member  
(In accordance with section 608.408(3), Florida Statutes, the execution  
of this affidavit constitutes an affirmation under the penalties of perjury  
that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED**

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PURSUANT TO THE PROVISIONS OF SECTION 608.415 Or 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name Of the limited liability Company is: Cloud Management Services, LLC

2. The name and address Of the registered agent and Office is:

John V. Cloud, III  
(NAME)

3920 Red Rock Way  
(P. O. BOX NOT ACCEPTABLE)

Sarasota, FL 34231  
(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.*

John V. Cloud III  
(SIGNATURE)  
John V. Cloud, III

7-11-98  
(DATE)

**Filing Fee: \$ 35 for Designation of Registered Agent**