

L08000033898

**Florida Department of State
Division of Corporations
Public Access System**

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.

(((H08000084892 3)))



H080000848923ABC8

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) 617-6383

From:
Account Name : SHAPIRO & ADAMS, P.A.
Account Number : I19990000101
Phone : (561) 691-0059
Fax Number : (561) 691-0066

RECEIVED

08 APR -3 AM 10:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CD Nimbus, LLC

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

08 APR -3 AM 7:46

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

APR - 4 2008

EXAMINER

(H08000084892 3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CD Nimbus, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1300 Park of Commerce Blvd.
Suite 200
Delray Beach, FL 33445

Mailing Address:

1300 Park of Commerce Blvd.
Suite 200
Delray Beach, FL 33445

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Robert Lee Shapiro, P.A.
Name

2401 PGA Boulevard, Suite 272
Florida street address (P.O. Box **NOT** acceptable)

Palm Beach Gardens 33410
City, State, and 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 608, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR -3 AM 7:46

(H08000084892 3)

(H08000084892 3)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Chaz Cabela

1300 Park of Commerce Blvd., Ste. 200

Delray Beach, FL 33446

MGRM

Dona Cabela

1300 Park of Commerce Blvd., Ste. 200

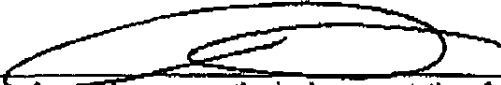
Delray Beach, FL 33446

(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.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert Lee Shapiro, authorized representative

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)

(H08000084892 3)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR - 3 AM 7:46