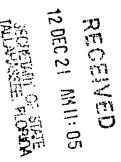
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(Requ	estor's Name)	
(Addre	ess)	
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(City/s	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	

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K.SALY EXAMINER DEC 2 6 2012



ION SERVICE COMPANY.
ACCOUNT NO. : 12000000195
REFERENCE: 469615 4305390
AUTHORIZATION: Spublenan
COST LIMIT : \$125.00
ORDER DATE : December 20, 2012
ORDER TIME : 5:43 PM
ORDER NO. : 469615-005
CUSTOMER NO: 4305390
DOMESTIC FILING
NAME: CD FAMILY, LLC
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX PLAIN STAMPED COPY
CONTACT PERSON: Kimberly Moret - FXT 52949

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Secti Division of Corpo					
SUBJECT: CD FAMIL	Y, LLC				
5000001.	Name of Limit	ted Liab	ility Compa	ny	
The enclosed Articles of Or	ganization and fee(s) are	submitt	ed for filing	•	
Please return all correspond	ence concerning this mat	ter to the	following:		
Kim McEllen					
*		Name o	f Person		
Cole, Schotz, Me	isel, Forman & Leon	ard, P.	Α.		
			ompany		
25 Main Street					
		Ado	Iress		
Hackensack, New	Jersey 07601				
		y/Տ ւսե շ ո	nd Zip Code	<u></u>	
kmcellen@colesc	hotz.com -mail address: (to be used t				
	•		annual repor	t nonneacton)	
For further information conc	eming this matter, please	e call:			
Kim McEllen		at (201	525-6221	
Name of Pe	rson		Area Code	& Daytime Tel	ephone Number
Enclosed is a check for the	e following amount:				
\$125.00 Filing Fee \$1	30.00 Filing Fee & Certificate of Status	Cer	5.00 Filing rtified Cop ditional copy	y	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ri D P.	Initing Address egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Registration Division of Clifton Bu	f Corporation	18

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	iame: Limited Liability Comp	any is:	
CD FAMILY, L	LC		
((Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A		f the principal office of the Limited Liability Company is:	:
Principal Office	Address:	Mailing Address:	
15989 D'Alene I	Drive	15989 D'Alene Drive	•
Delray Beach, Fl	L 33446-9558	Delray Beach, FL 33446-9558	•
(The Limited Liability business entity with	y Company cannot serve as its ov an active Florida registration.)	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:	120
		Name	7
	15989 D'Alene Drive		
		treet address (P.O. Box NOT acceptable)	
	Delray Beach	FL 33446-9558	9 3
		City, State, and Zip	300 13
liability com registered ageni statutes relatir	pany at the place designa t and agree to act in this c ng to the proper and comp	and to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of a plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S	V
	Carl DelPrete		
	De		

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

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

MGR	Carl DelPrete
	15989 D'Alene Drive Delray Beach, FL 33446-9558
	Deliay Beach, 12 334-6-9336
•	
······································	
Use attachment if necessary)	
F V. Effective data if other than th	ne date of filing: (OPTION
As v. Lincolive date, it office than the	be specific and cannot be more than five business d

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. 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.)

Carl DelPrete, Manager
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)