

L96000000659

Document Number Only

CT CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, FL 32301 222-1092  
City State Zip Phone

500001869125  
-06/20/96--01027--006  
\*\*\*\*285.00 \*\*\*\*285.00

CORPORATION(S) NAME

CTM Southeast, L.C.

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SAS  
6/18/96

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

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**ARTICLE I - Name**

The name of the Limited Liability Company is:

**CTM SOUTHEAST, L.C.**

**ARTICLE II - Address**

The mailing address and, if different, the street address of the principal office of the Limited Liability Company is/are:

**420 Fairfield Avenue, Stamford, CT 06902**

**ARTICLE III - Duration**

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

**December 31, 2025**

**ARTICLE IV - Management**

*(check and complete the appropriate statement)*

**/x/ 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:**

**David A. Weil  
David Jiranek**

**// 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:**

**ARTICLE V - Registered Agent**

The name and street address of the initial registered agent of the Limited Liability Company is:

**CT CORPORATION SYSTEM  
1200 South Pine Island Road  
Plantation, Florida 33324**

**ARTICLE VI - Registered Office**

The street address of the initial registered office of the Limited Liability Company is:

**c/o CT CORPORATION SYSTEM  
1200 South Pine Island Road  
Plantation, Florida 33324**

**\*ARTICLE VII - Admission of Additional Members**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

**\*ARTICLE VIII - Members' Rights to Continue Business\***

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

June 13, 1996  
(Date)

*Lawrence M. Gadd*  
(Signature of Member or the Authorized Representative of a Member) *Attorney*

**REGISTERED AGENT ACCEPTANCE**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of section 608.415, Florida Statutes, 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.

**CT CORPORATION SYSTEM**

By: *Connie Bryan*  
(Signature)

6/18/96  
(Date)

CONNIE BRYAN  
(Type Name and Title of Officer) **SECRETARY**

(Title of Officer)

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS**

The undersigned member or authorized representative of a member of \_\_\_\_\_

CIM SOUTHEAST, L.L.C.

deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 500.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$           . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 500.00. This total includes amounts from 2 and 3 above.

Signature of a member or authorized representative of a member.  
(In accordance with section 608.402(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILING FEE: \$ 250 for Articles of Organization and Affidavit