

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : PAUL SALVER, P.A. Account Number: 120020000087

Phone

: (954)389-1333

Fax Number

: (954)389-1397

LIMITED LIABILITY COMPANY

C & P Investments, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:
C & P Investments, LLC (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company," Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Liability Company," Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability	ted Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2721 Executive Park Drive	2721 Executive Park Drive Suite 4
Weston, FL 33331	Weston, FL 33331
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the Paul Salver, PA	stered Agent. You must designate an individual or another
Name	1
2721 Executive Park D	Orive, Suite 3 Idress (P.O. Box NOT acceptable)
Weston	FL 33331
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and compile p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registere Agent's Signature (REQUIRED)

Filing Fees:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing M	Name and Address:
MGRM	Carydan C. Cook
	2721 Executive Park Drive, Suite 4
	Weston, FL 33331
MGR	Paul J. Panagos
	2721 Executive Park Drive, SUite 4
	Weston, FL 33331
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(Use attachment if necess LEV: Effective date, if o	ther than the date of filing: (OPTIONAL)
` LEV: Effective date, if o	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days p
LE V: Effective date, if o fective date is listed, the days after the date of fill	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days pring.)
LE V: Effective date, if o fective date is listed, the days after the date of fili	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days pring.) IRE: Caylon Cash
LE V: Effective date, if o fective date is listed, the days after the date of filing REQUIRED SIGNATU	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days pring.)
LE V: Effective date, if o fective date is listed, the days after the date of filion REQUIRED SIGNATU Signatur (In according this details of this details and second sec	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days pring.) IRE: Caylon Cash

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)