

Capitol Services, Inc.

1406 Hays St., Suite 2

Tallahassee, FL 32301

(850) 878-4734
Kathi or Brent

L01000014501

Office Use Only

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

1. Delta Program CPT, LLC
(Corporation Name)

(Document #)

700004557257--8

2. _____
(Corporation Name)

-08/27/01--01019--017

(Document #) ******125.00 ****125.00**

3. _____
(Corporation Name)

(Document #)

4. _____
(Corporation Name)

(Document #)

☒ Walk in

☐ Mail Out

☒ Pick up time _____

☐ Will wait

☐ Certified Copy

☐ Certificate of Status

☒ Photocopy
Stamped

NEW FILINGS

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

01 AUG 27 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

RECEIVED
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
2001 AUG 27 AM 10:45
CR2E031(7/97)
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

Examiner's Initials *[Signature]*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: DELTA PROGRAM CPT, LLC

ARTICLE II - Address:

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

401 N.E. Mizner Blvd., Tower 204
Boca Raton, FL 33432

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

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

Brian Yusem

Name

401 N.E. Mizner Blvd., Tower 204

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 33432

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

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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.)

Brian Yusem

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA