

L02000031916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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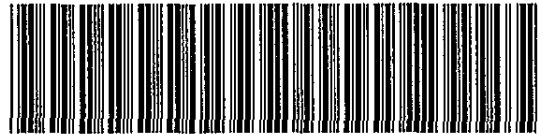
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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LAW OFFICES  
**PAVLOCK & PAVLOCK, P.C.**

1540 AMERICAN CENTER  
27777 FRANKLIN ROAD  
SOUTHFIELD, MICHIGAN 48034

JEFFREY R. PAVLOCK  
ROBERT S. PAVLOCK

(248) 352-0747  
FAX (248) 352-7808

November 22, 2002

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

**Re: C & E Family L.L.C.**

Dear Sir/Madam:

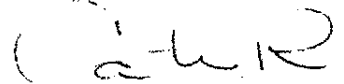
On behalf of the above-captioned limited liability company, enclosed please find an original and one (1) copy of Articles of Organization for Florida Limited Liability Company along with our check in the amount of \$125.00 which represents the filing fee (filing and designation of registered agent) for same.

Please process the original in your usual manner and time/date stamp the copy and return said copy to our office in the envelope provided.

Should you have any questions relative to the enclosed documents, please do not hesitate to contact our office.

Sincerely,

PAVLOCK & PAVLOCK, P.C.



Cathi Rosso  
Administrative Assistant

Enclosures

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:  
C & E FAMILY L.L.C.

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
841 Magnolia Ct., Marco Island, Florida 34145

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

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

Edmond A. LaPorte

Name

841 Magnolia Ct.

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

Marco Island FL 34145

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.*

*X Edmond A. LaPorte*  
Registered Agent's Signature

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

*X Edmond A. LaPorte*  
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.)

Edmond A. LaPorte

Typed or printed name of signee

### 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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