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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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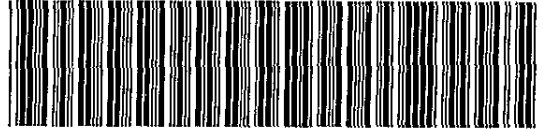
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CPP11760, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aftab Cumber
(Name of Person)

H.A. Cumber, Inc.
(Firm/Company)

10100 West Sample Road, Suite 205
(Address)

Coral Springs, FL 33065
(City/State and Zip Code)

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For further information concerning this matter, please call:

Ken Wilson at (954) 753-4242 x 207
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

October 24, 2003

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

To Whom It May Concern:

Aftab Cumber and Gul Cumber hereby submit the following Articles of Organization for CPP11760, LLC. The company's address and phone number are as follows:

CPP11760, LLC
c/o H.A. Cumber, Inc.
10100 West Sample Road, Suite 205
Coral Springs, FL 33065
(954) 753-4242

Enclosed you will find a check in the amount of \$160.00 for the filing fee, Certified Copy, Designation of Registered Agent, and Certificate of Status.

Sincerely,


Aftab Cumber

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

CPP11760, LLC

ARTICLE II - Address:

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

Principal Office Address:

10100 West Sample Road, #205

Coral Springs, FL 33065

Mailing Address:

10100 West Sample Road #205

Coral Springs, FL 33065

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

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

Aftab A. Cumber
Name

10100 West Sample Road, Suite 205
Florida street address (P.O. Box **NOT** acceptable)

Coral Springs FLORIDA 33065
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, Florida Statutes..


Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Aftab Cumber
12100 West Sample Road, Suite 205
Coral Springs, FL 33065

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Aftab A. Cumber

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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