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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

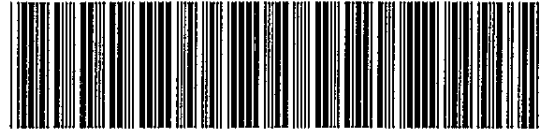
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DIVISION OF CORPORATIONS
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4/1/04

WEINER, MANTELL & FORNES, P.C.
ATTORNEYS AND COUNSELORS AT LAW
59 ELM STREET
NEW HAVEN, CONNECTICUT 06510

ALAN R. WEINER
(1939-1990)

TELEPHONE
(203) 789-0004

FACSIMILE
(203) 865-1989

April 1, 2004

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

RE: Chande Associates, LLC

Dear Sir/Madam:

Enclosed please find Articles of Organization for the above-captioned limited liability company. Our check in the amount of \$125 representing the filing fee is also enclosed. Please return the confirmation of filing to me at the address listed on the top of this letter.

Very truly yours,


Charles A. Mantell

CAM/rb

Enclosures

cc: Dr. Charles Neiditz

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chande Associates, 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:

Charles A. Mantell, Esq.

(Name of Person)

Weiner, Mantell & Fornes, P.C.

(Firm/Company)

59 Elm Street

(Address)

New Haven, CT 06510

(City/State and Zip Code)

For further information concerning this matter, please call:

Charles A. Mantell

(Name of Person)

at (203) 789-0004

(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Chande Associates, LLC

ARTICLE II - Address:

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

Principal Office Address:

Building 1 Condo 107

1001 West Ocean Drive

Key Colony Beach, FL 33051

Mailing Address:

Dr. Charles A. Neiditz

52 Algonquin Road

Fairfield, CT 06825

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

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

Dr. Charles A. Neiditz

Name

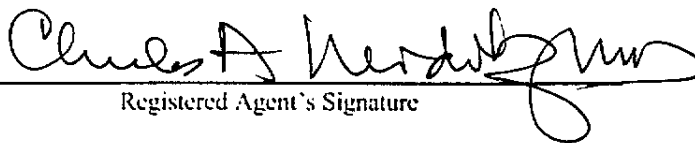
1001 West Ocean Drive

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

Key Colony Beach FLORIDA 33051

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

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

Dr. Charles A. Neiditz
52 Algonquin Road
Fairfield, CT 06825

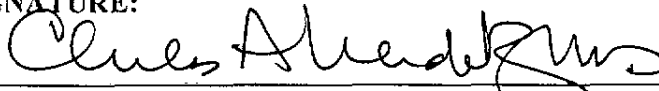
MGRM

Sandra Neiditz
52 Algonquin Road
Fairfield, CT 06825

(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.)

Dr. Charles A. Neiditz

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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