

L04000030905

(Requestor's Name)

(Address)

(Address)

CORAPLAL  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

CF-40.00

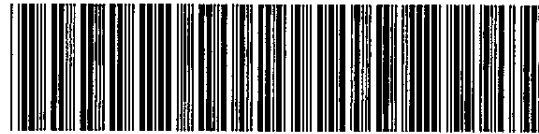
(Document Number)

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

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04/23/04--01003--016 \*\*40.00

04/22/04 01030 -012 \*\*425.00

*AK*

*AK*

FILED  
04 APR 22 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
04 APR 22 PM 12:07  
TALLAHASSEE, FLORIDA

Sunstate Research

Requester's Name

Address

City/State/Zip

Phone #

656-5454

Office Use Only

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

1. CHC - Lakeland, LLC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

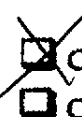
(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



**NEW FILINGS**



**OTHER FILINGS**



**AMENDMENTS**



**REGISTRATION/QUALIFICATION**



Examiner's Initials

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CHC-LAKELAND, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

c/o The Schwartzberg Companies

44 South Broadway, Suite 614

White Plains, New York 10601

**Mailing Address:**

c/o The Schwartzberg Companies

44 South Broadway, Suite 614

White Plains, New York 10601

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

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

NRAI Services, Inc.

Name

526 E. Park Avenue


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

Tallahassee

FL 32301

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

(CONTINUED)

**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:**

MGR

Harris Schwartzberg

c/o The Schwartzberg Companies

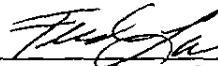
44 South Broadway, Suite 614

White Plains, New York 10601

(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.)

Fred Larison

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)