

L05000049408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

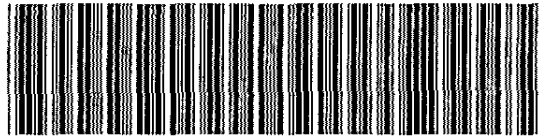
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

nk

Office Use Only



100051862581

FILED

05 MAY 18 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 MAY 18 PM 4:21

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 379215 80827A

AUTHORIZATION :

Patricia P. P.

COST LIMIT : \$ 155.00

ORDER DATE : May 18, 2005

ORDER TIME : 2:49 PM

ORDER NO. : 379215-005

CUSTOMER NO: 80827A

CUSTOMER: Christian B. Felden, Esq
Felden & Felden

Suite 416
3838 Tamiami Trail North
Naples, FL 34103

FILED
05 MAY 18 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: C & N ENTERPRISES, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I – NAME**

The name of the Limited Liability Company is: **C & N ENTERPRISES, LLC**

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: **28689 SAN GALGANO WAY, BONITA SPRINGS, FL 34135**

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE**

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

Christian B. Felden, Esquire
Orion Bank, Suite 416
3838 Tamiami Trail North
Naples, Florida 34103

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

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


Signature of a member or 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.)


Typed or printed name of signee

FILED
05 MAY 18 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA