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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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Final Verifier	DOC

07/20/05--01013--022 \*\*160.00

2005 JUL 20 P 41b  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CCH, 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:

Thomas Harriman

(Name of Person)

CCH, LLC

(Firm/Company)

1510 Oak Way, Suite 200  
(Address)

(Address)

SARASOTA, FLORIDA 34232

(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS HARRIMAN at (941) 232-4867  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy  
(additional copy is enclosed)     \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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

2005 JFee,  
SECRET  
TALLAHASSEE  
00 Filing Status &  
Copy  
copy is enclosed  
STATE OF FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

CCH, LLC

### ARTICLE II - Address:

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

Principal Office Address:

1510 Oak Way, Suite 200  
SARASOTA, FL 34232

Mailing Address:

SAME

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

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

Thomas Harriman  
Name

1510 Oak Way, Suite 200  
Florida street address (P.O. Box NOT acceptable)

SARASOTA FL 34232  
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

STATE OF FLORIDA  
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(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

MGRM

**Name and Address:**

Thomas Harriman  
1510 Oak Way, Ste 200  
Sarasota, FL 34232

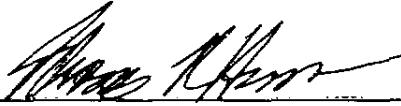
MGRM

LISA HARRIMAN  
1510 Oak Way, Ste 200  
Sarasota, FL 34232

(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.)

Thomas Harriman  
Typed or printed name of signee

2005 JUL 20 P 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

F I L E D

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)