

L05000083988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

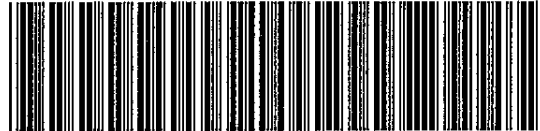
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DEPT. OF REVENUE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 560593 7115758

AUTHORIZATION :

Patricia Pizuto

COST LIMIT : \$ 125.00

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05 AUG 24 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : August 24, 2005

ORDER TIME : 2:07 PM

ORDER NO. : 560593-005

CUSTOMER NO: 7115758

CUSTOMER: Carmela L. Bell
Hodes, Ulman, Pessin & Katz,
P.a.
Suite 400
901 Dulaney Valley Road
Towson, MD 21204-2600

DOMESTIC FILING

NAME: CAROL C ENTERPRISES LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Carol C Enterprises LLC

ARTICLE II - Address:

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

Principal Office Address:

19333 Collins Ave. Unit 1601

Sunny Isles, FL 33160-2371

Mailing Address:

19333 Collins Ave. Unit 1601

Sunny Isles, FL 33160-2371

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

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

Mr. Alvin Lapidus

Name

19333 Collins Avenue, Unit 1601

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

Sunny Isles, FLORIDA 33160-2371

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.

Alvin Lapidus

By:

Alvin Lapidus

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

Mr. Alvin Lapidus

19333 Collins Ave. Unit 1601

Sunny Isles, FL 33160-2371

(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.)

By: Carmela Leone Bell, Esquire

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)