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Division of Corporations

N. 8579248 P. 1:1

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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800) 342-9856
Fax Number : (800) 354-3381

FLORIDA/FOREIGN LIMITED LIABILITY CO.

C & C FAMILY, LLC

Certificate of Status	0
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FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C & C FAMILY, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

c/o Eric R. Stern, Esq.
Sack & Sack
110 East 59th Street, 19th Floor
New York, New York 10022

Mailing Address:

c/o Eric R. Stern, Esq.
Sack & Sack
110 East 59th Street, 19th Floor
New York, New York 10022

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Scott Palermo

Name

2000 Parkside Circle South

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

Boca Raton

FL 33486

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.

Scott Palermo

Registered Agent's Signature (REQUIRED)

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Page 1 of 2

(H06000034038 3)

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TALLAHASSEE, FLORIDA

06 FEB -7 AM 10:56

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(H06000034038 3)

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

Anthony Scott Palermo

2000 Parkside Circle South

Boca Raton, FL 33486

MGRM

Jennifer Lynn Palermo

2000 Parkside Circle South

Boca Raton, FL 33486

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Eric R. Stern

Typed or printed name of signee

(H06000034038 3)

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TALLAHASSEE, FLORIDA

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