

W6000037623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

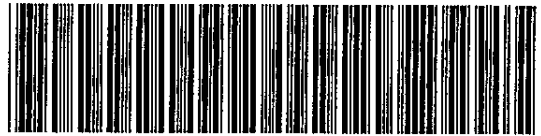
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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W6-37623
JR

LAW OFFICES

Jodi R. Lustgarten, P.A.

2500 N. Military Trail, Suite 260
Boca Raton, Florida 33431

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Jodi R. Lustgarten, Esq.

Also Admitted in
New York and New Jersey

April 7, 2006

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

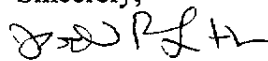
Re: Formation of CP FINNIE LLC

Dear Sir or Madam:

I am the attorney for Miriam Goldberg Slomovitz a/k/a Miriam K. Goldberg. Enclosed please find one original Cover Letter and one original and two copies of the Articles of Organization for Florida Limited Liability Company of CP FINNIE LLC. Please file the original and provide me with one Certificate of Status and two certified copies. Enclosed is a check in the amount of \$190.00, constituting payment for the filing fee, Certificate of Status and one certified copy (\$160.00) and payment for an additional certified copy (\$30.00).

Your prompt attention to this matter would be greatly appreciated. Thank you.

Sincerely,



Jodi R. Lustgarten

Enclosures

cc: Miriam Goldberg Slomovitz (w/enclosures)

CIRCULAR 230 DISCLOSURE: To ensure compliance with requirements imposed by the IRS, we inform you that any U.S. federal tax advice contained in this communication (including any attachments) is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CP FINNIE 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:

Jodi R. Lustgarten, Esq.
(Name of Person)

Jodi R. Lustgarten, PA
(Firm/Company)

2500 N. Military Trail, Ste 260
(Address)

Boca Raton, FL 33431
(City/State and Zip Code)

For further information concerning this matter, please call:

Jodi R. Lustgarten, Esq. at (561) 210-0243
(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 (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CP FINNIE 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:

CP FINNIE LLC (c/o Slomovitz)
7754 Lakeside Blvd, Apt. 465
Boca Raton, FL 33434

Mailing Address:

CP FINNIE LLC (c/o Slomovitz)
7754 Lakeside Blvd, Apt. 465
Boca Raton, FL 33434

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:

Miriam Goldberg Slomovitz f/k/a Miriam K. Goldberg
Name

7754 Lakeside Blvd, Apt. 465
Florida street address (P.O. Box NOT acceptable)

Boca Raton FL 33434
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..

Miriam Goldberg Slomovitz
Registered Agent's Signature (REQUIRED)

(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

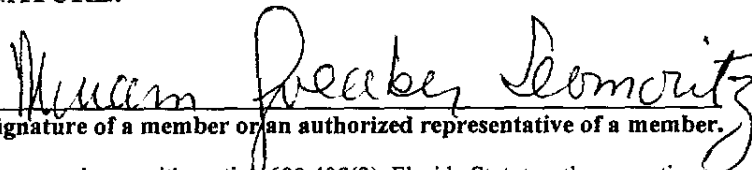
Miriam Goldberg Slomovitz f/k/a Miriam K. Goldberg
7754 Lakeside Blvd, Apt. 465
Boca Raton, FL 33434

(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.)

Miriam Goldberg Slomovitz f/k/a Miriam K. Goldberg, as Trustee of the Miriam K. Goldberg Revocable Trust U/A/D 5/23/03

Typed or printed name of signee

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)