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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

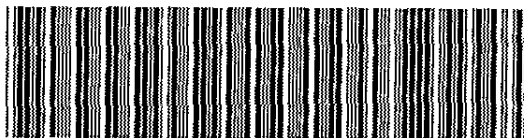
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

N. Oulligan OCT 23 2006

SAMUEL L. BRAUNSTEIN

ONE ELIOT PLACE
FAIRFIELD, CT 06824-5154

October 17, 2006

To: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: 440 CPR Company, LLC

Dear Sir/Madame:

I am enclosing herewith one (1) executed original *Articles of Organization* for 440 CPR Company, LLC, a domestic limited liability company in organization.

You will also find enclosed herewith payment of your fee for filing the *Articles* and Designation of Registered Agent in the amount of **ONE HUNDRED TWENTY FIVE (\$125.00) dollars.**

Please return all correspondence concerning this matter to the following:

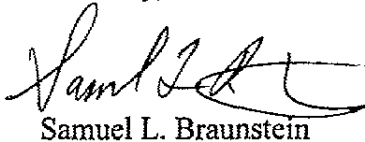
Samuel L. Braunstein
Braunstein and Todisco, P.C.
One Eliot Place
Fairfield, CT 06824-5154

For further information concerning this matter, please call: Samuel L. Braunstein at (203) 254-1118.

If there are any questions or if additional information is needed, please contact the undersigned at your convenience

Thank you for your attention and assistance in this matter.

Sincerely,



Samuel L. Braunstein

Enclosures.

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is: The 440 CPR Company, LLC

ARTICLE II – Address:

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

Principal Office Address:

440 Coffee Pot Riviera NE
Saint Petersburg, FL 33704

Mailing Address:

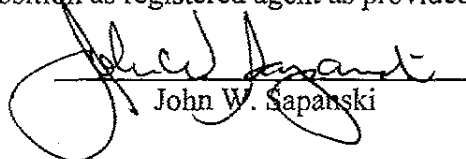
440 Coffee Pot Riviera NE
Saint Petersburg, FL 33704

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

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

John W. Sapanski
440 Coffee Pot Riviera NE
Saint Petersburg, FL 33704

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.


John W. Sapanski

ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

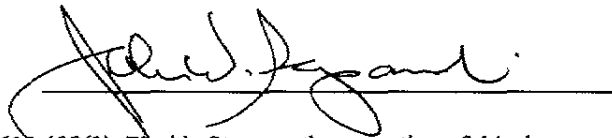
MGRM

Name and Address:

John W. Sapanski
440 Coffee Pot Riviera NE
Saint Petersburg, FL 33704

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TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:



(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.)

John W. Sapanski
Managing Member, Duly Authorized.