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SECRETARY OF STATE

COVER LETTER

TO:	Registration of		ns								
SUBJI	ест:С	ARIBE	KEAN (Nam	HURR ne of Limite	ICANE ed Liability	STo Company	P LL)	. <u>c</u>			
The en	closed Article	s of Organ	ization and	fee(s) are s	submitted fo	r filing.					
Please	return all com	espondence	e concernin	g this matte	er to the foll	lowing:					
	STE	PITEN	Goss			· · · · · · · · · · · · · · · · · · ·	·				
				((Name of Per	son)					
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				<u> </u>	(Address)				至常	06.7	TOWNSON.
	De	LRAY	BEAC	H F	2 3	3445			ASS ASS	20	
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For fur	ther informat	ion concern	ing this ma	itter, please	call:				STATE	3: 06	
S	TEALER	4 Gos	s		at (56	()	441	45 ∓	→ !		
	(N	ame of Perso	n)		(An	ea Code &	Daytime ?	457 Telephone ?	Number)		
Enclos	sed is a check	k for the fo	ollowing a	mount:							
] \$125	5.00 Filing F		30.00 Fili	_	\$155 Certified (additional	d Copy	_	Certifi Certif	icate of ied Cor	iling Fe Status & Oy is enclose	દ
		Regis Divis P.O.	ing Address stration Sec sion of Cor Box 6327 hassee, FL	tion porations	Re Div Cli 260	gistration vision of fton Buil 51 Execu	Corporation	ons or Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
CARIBBEAN HORRICANE S (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 print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16373 BRIDLEWOOD CIRCLE DELRAY BEACH	SAME
ARTICLE III - Registered Agent, Registered	
(The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
STEPHEN C.	SECRETARY EWOOD CIRCLE TO SEE CHE TARY TO SEE CHE TARY
Name	
16373 BRIDL	EWOOD CIRCLE
Florida street addr	ess (P.O. Box NOT acceptable)
DELRAY BEACH	FL 33445 FS D
City, State, ar	nd Zip
Having been named as registered agent and to a liability company at the place designated in th	ccept service of process for the above stated limited iis certificate, I hereby accept the appointment as
	I further agree to comply with the provisions of al
	formance of my duties, and I am familiar with and
accept the obligations of my position as regist	tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	re (REOUIRED)

(CONTINUED)
Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	STEPHEN GOSS 16373 BRIDLEWOOD CIRCLE DELRAY BEACH, FL, 35445
MGR	Richard Purdom 16373 BRIDLEWOOD CIRCLE DELRAY BEAUT, FL 38445
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date is listed, the date must be sto or 90 days after the date of filing.)	ate of filing: 10/16/06 (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	TARY OF STANSSEE, FLOR
(In accordance with section of this document constitution)	on 608.408(3), Florida Statutes, the execution attes an affirmation under the penalties of perjury
that the facts stated her STEPHEN Type	and '

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)