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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: CWC HOLDINGS, LLC (Name of Limited Liability Company)
The enc	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	FREEMAN COHEN
	(Name of Person)
-	(Firm/Company)
	18548 HARBOR LIGHT WAY
_	, (Address)
-	BOCA RATION, FLORIDA 33498 (City/State and Zip Code)
	(City/State and Zip Code)
For furt	her information concerning this matter, please call:
FRE	(Name of Person) at (561) 251-8099 (Area Code & Daytime Telephone Number)
Enclose	ed is a check for the following amount:
⊒\$ 125.0	O0 Filing Fee \$\Bigsup \\$130.00 Filing Fee & \Bigsup \\$155.00 Filing Fee & \Bigsup \\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$\Bigsup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Content Courier Address Registration Section Division of Corporations Clifton Building Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability ARTICLE II - Address:	ty Company, "L.L.C.," or "LLC.")
	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18548 HARBOR LILHT WAY BOCA RATION, FL 3348	18548 HARBOR LIGHT WAY BOCA RATON, FL 33498
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the reference in the FREEMAN CONTRACTOR Name	1EN 23
18548 HARBOR Florida street add BOCH RATON City, State, a	ress (P.O. Box NOT acceptable)
	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..

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGRM	FREEMAN COHEN 18548 HARBOR LIGHT WAY BOCA RATON, FL 33498
MGRM	LARRY COHEN 3416 BOISE WAY COOPER CITY, FL 33026
MGRM	DANIEL WILLIAMS 10114 LEXINATION ESTATES BLUD BOCA RATON, FL 33428
(Use attachment if necessary CLE V: Effective date, if othe effective date is listed, the date of filing.)	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days p
REQUIRED SIGNATURE	A sund
(In accordar of this docu	f a member or an authorized representative of a member. nce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury acts stated herein are true.)

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)

Typed or printed name of signee