

LO8 0000003357

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

JAN 10 2008

EXAMINER

LO8-3357

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CDCL HOLDINGS V 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:

ILONA & PAUL FRALEIGH
(Name of Person)

(Firm/Company)

12018 MARBLEHEAD DRIVE
(Address)

TAMPA FL 33626
(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL FRALEIGH at (813) 927-5488
(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

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2008 JAN -9 AM 10:00
TALLAHASSEE, FL
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2007

ILONA & PAUL FRALEIGH
12018 MARBLEHEAD DRIVE
TAMPA, FL 33626

SUBJECT: CDCL HOLDINGS V LLC
Ref. Number: W07000061430

We have received your document for CDCL HOLDINGS V LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Only one company can be listed as the registered agent.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 307A00070992

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JAN -9 AM 10:20

FILED

January 7th, 2008

To whom it may concern:

Returning forms with one
registered agent.

Check previously sent.

Thanks,

Yours Sincerely

Ilona Fraleigh

ILONA FRALEIGH

(813) 917-0274

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CDCL HOLDINGS II LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

12018 Marblehead Dr.
Tampa FL 33626.

Mailing Address:

12018 Marblehead Dr.
Tampa FL 33626.

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:

ILONA FRALEIGH FAMILY TRUST & DAVID FRALEIGH
Name FAMILY TRUST

12018 MARBLEHEAD DRIVE
Florida street address (P.O. Box **NOT** acceptable)
TAMPA FL FL 33626.
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.

Ilona Fraleigh
Registered Agent's Signature (REQUIRED)

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TAMPA, FLORIDA

(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:

MGRM

ILONA FRALEIGH FAMILY TRUST
12018 MARBLEHEAD DR
TAMPA FL 33626

MGRM

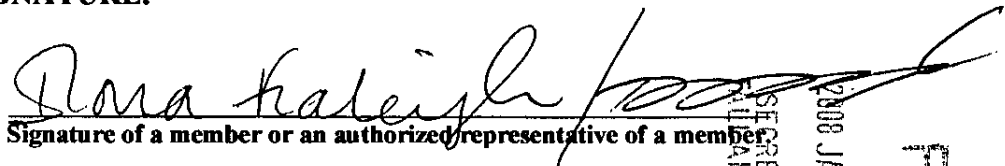
PAUL FRALEIGH FAMILY TRUST
12018 MARBLEHEAD DR
TAMPA FL 33626

(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.)

ILONA FRALEIGH / PAUL FRALEIGH
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JAN -9 AM 10:20

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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)