

L080000036266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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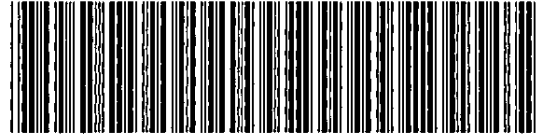
(Business Entity Name)

(Document Number)

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08 APR 10 PM 1:52
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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

APR 10 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 523198 4305390

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED
08 APR 10 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 10, 2008

ORDER TIME : 9:52 AM

ORDER NO. : 523198-005

CUSTOMER NO: 4305390

DOMESTIC FILING

NAME: CHARLCYN, LLC

EFFECTIVE DATE:

XX_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace - EXT. 2928

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CHARLCYN, 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:2533 NW 63rd Street
Boca Raton, FL 33496**Mailing Address:**2533 NW 63rd Street
Boca Raton, FL 33496**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:

Charles S. Haddad

Name

2533 NW 63rd StreetFlorida street address (P.O. Box NOT acceptable)Boca Raton FL 33496

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..

Charles S. Haddad

x Charles S. Haddad
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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FLORIDA

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:

SEE ATTACHED LIST OF MEMBERS/MANAGERS

(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:

x 

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.)

Charles S. Haddad

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)

CHARLYCYN, LLC
MEMBERS / MEMBERS

<u>TITLE</u>	<u>NAME AND ADDRESS</u>
Member & Manager	Jack Haddad c/o Haddad Organization, Ltd. 100 West 33 rd Street, Suite 1001 New York, NY 10001
Member & Manager	Richard Haddad c/o Haddad Organization, Ltd. 100 West 33 rd Street, Suite 1001 New York, NY 10001
Member & Manager	David C. Haddad c/o Haddad Organization, Ltd. 100 West 33 rd Street, Suite 1001 New York, NY 10001
Member	Charles S. Haddad 2533 NW 63 rd Street Boca Raton, FL 33496
Member	Cynthia Haddad 2533 NW 63 rd Street Boca Raton, FL 33496