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SECRETARY OF STATE

J. BRYAN

OCT - 5 2009

EXAMINER

DALY CAVANAUGH, LLP

ATTORNEYS AT LAW
12 A Mica Lane
Wellesley, Massachusetts 02481

TELEPHONE: (781) 237-0600 FACSIMILE: (781) 237-6010

September 30, 2009

Registration Section DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE FL 32314-6327

RE:

CD Finn Property Management LLC

Articles of Organization

Dear Sir or Madam:

I am enclosing the following:

- 1. Articles of Organization;
- 2. Check for the filing fee, certificate of status and certified copy of \$160.00;
- 3. Self-addressed stamped envelope for certified copy.

Please contact me with any questions.

Very truly yours

Paul F. Cavanaugh

Enclosures

Cc: Charles R. Davis w/out encl.

COVER LETTER

TO:	Registration Division of C								0
SUBJE	ect:	CD Finn Pr	roperty	/ Mana	agemen	t LL	С	335	09061
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The en	closed Articles	of Organization and fee(s) are	submitte	d for filin	g.			ASSEE,	24 OF
Please	return all corres	spondence concerning this ma	tter to the	following	g:				15日
		С	harles F	R. Davis	s				DIT DIT
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For fur	ther information	n concerning this matter, pleas							
		. Cavanaugh	at (781) e & Daytime	23	7-0600		
	Nam	e of Person		Area Cod	e & Daytime	Telepi	hone Numbe	er .	
Enclos	sed is a check t	for the following amount:							
] \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Cer	tified Co	ng Fee & py y is enclosed	-	\$160.00 F Certificat Certified (additional	e of Statu Copy	is &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registrat Division Clifton I 2661 Ex	ourier Addition Section of Corporate Guilding ecutive Center, 323	tions ter Ci	rcle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: CD Finn Property Management 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:** Mailing Address: 530 Preston Rd 143 South St. Longwood, FL 32750 Agawam, MA 01001 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: David C Gaffney Name 530 Preston Rd. Florida street address (P.O. Box NOT acceptable) Longwood FL. 32750 FL 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..

(CONTINUED)

Registered Agent Signature (REQUIRED)

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	OCT OCT
MGRM	Charles R. Davis
	143 South St.
	Agawam, MA 01001
MGRM	Social Finances
MORW	Patrick Finnegan
	1711 Valley View Dr. Baraboo, WI 53913
	Daration, Wi 509 to
(Use attachment if necessary)	
RTICLE V. Effective date if other than the	e date of filing: (OPTIONAL)
f an effective date is listed, the date must h	be specific and cannot be more than five business days prior
or 90 days after the date of filing.)	e appende and control to more than hive business only o prior
, at you and on a remain	
REQUIRED SIGNATURE	- 0
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Signature of a member	er or an authorized representative of a member.
(In accordance with se of this document cons that the facts stated he	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury are true.)
	CHARLES R. DAVIS
	yped or printed name of signee
Filing Fees:	· ·
C125 OR Filling For four Autistics of Owner	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)