(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300166262823

02/19/10--01017--024 **160.00

FILED IN S. 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
FEB 2 2 2010
EXAMINER

FEIN 30-0358100 FLORIDO UT # 2928842-9 COVERLETTER

* TO: Registration Section Division of Corporations

SUBJECT:	C. C. En	iterpris	ses of N.C. L.L.	C.
	Name of Lim	ited Liabi	lity Company	
The enclosed Articl	es of Organization and fee(s) are	e submitte	ed for filing.	
Please return all con	respondence concerning this ma	itter to the	e following:	
	Ro		Corjay, Jr.	
		Name o	f Person	
	C. C. En	terprise	s of N.C. L.L.C.	
		Firm/C	ompany	
	F	э.О. Вс	x 7465	
		Ado	lress	
	Wesle	y Char	oel, FL 33545	
	C	ity/State a	nd Zip Code	
	ccer	terprise	es@live.com	
	E-mail address: (to be used	i for future	annual report notification	1)
For further informate	tion concerning this matter, plea	se call:		
	ert E. Corjay, Jr.	at (813) Area Code & Daytime T	991-1051
• ``			med code at Baytime 1	orephone i tumber
Enclosed is a chec	k for the following amount:			
]\$125.00 Filing F	ee \$\int\\$130.00 Filing Fee & Certificate of Status	Ce	5.00 Filing Fee & rtified Copy ditional 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ed Liability Company i	s:		
(Must et	C. C. Enterprises	of N.C. L.L.C. billity Company," "L.L.C.," or "LLC.")		
ARTICLE II - Addre	ess:	principal office of the Limited Liability		
Principal Office Address:		Mailing Address:		
30122 Five Farms A	ve.	P.O. Box 7465		
Wesley Chapel, FL : ARTICLE III - Regis	33543 stered Agent, Register	P.O. Box 7465 Wesley Chapel, FL 33545-0108 ed Office, & Registered Agent's Signature:		
ARTICLE III - Regis (The Limited Liability Compibusiness entity with an activ	stered Agent, Registered any cannot serve as its own Reg	Wesley Chapel, FL 33545-0108ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another		
ARTICLE III - Regis (The Limited Liability Compibusiness entity with an activ	stered Agent, Registered any cannot serve as its own Register Florida registration.)	Wesley Chapel, FL 33545-0108ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another		
ARTICLE III - Regis The Limited Liability Compibusiness entity with an activ	stered Agent, Registered any cannot serve as its own Register Florida registration.)	Wesley Chapel, FL 33545-0108 ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are: Corjay, Jr.		
ARTICLE III - Regis The Limited Liability Compibusiness entity with an activ	stered Agent, Registered any cannot serve as its own Registerial registration.) rida street address of the Robert E.	Wesley Chapel, FL 33545-0108 ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are: Corjay, Jr.		
ARTICLE III - Regis (The Limited Liability Compibusiness entity with an activ	stered Agent, Registered any cannot serve as its own Registerida registration.) rida street address of the Robert E. Name 30122 Five	Wesley Chapel, FL 33545-0108 ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are: Corjay, Jr.		
(The Limited Liability Compton business entity with an active The name and the Flore ————————————————————————————————————	stered Agent, Registered any cannot serve as its own Registerida registration.) rida street address of the Robert E. Name 30122 Five	Wesley Chapel, FL 33545-0108 ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are: Corjay, Jr. ne Farms Ave. O. Box NOT acceptable)		

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.

Registered Agent's Signature (REQUIRED)

Page 1 of 2 (CONTINUED)

FEIN 30-0358100 FLORIDA UT # 2928842-9

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Robert E. Corjay, Jr. 30122 Five Farms Ave. Wesley Chapel, FL 33543 (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.) Robert E. Corjay, Jr. 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)

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

\$ 5.00 Certificate of Status (Optional)

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

Page 2 of 2 FEIN 30-035 8100 FLOUDA 12T # 292 RBY 2-9