

L 11000041642

(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



000199784770

04/06/11--01013--015 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2011 APR -6 AM 01 05
FILED

C. LEWIS
APR 7 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CNLB HOLDINGS, 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:

Lisa Goldberg
Name of Person

All Care Consultants, Inc.
Firm/Company

3333 West Commercial Blvd. Suite 101
Address

Fort Lauderdale, FL 33309
City/State and Zip Code

Lisa@allcareconsultants.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Goldberg at (954) 748-2800 ext. 225
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CNLB HOLDINGS, 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:

2500 East Las Olas Blvd.
#1006
Fort Lauderdale, FL 33301

P.O Box 5124
Fort Lauderdale, FL 33310

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 other business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Carole Needleman

Name

2500 East Las Olas Blvd. #1006

Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale FL 33301

City, State, and Zip

FILED
APR - 6 AM 09 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Carole Needleman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

2011 APR -6 AM 10:05

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

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

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Carole Needleman

2500 East Las Olas Blvd. #1006

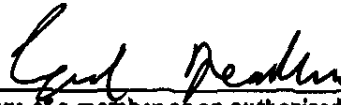
Fort Lauderdale, FL 33310

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 30, 2011 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Carole Needleman

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)