

Jan. 21, 2014 10:01AM

No. 20

P. 1

**L14 000016593**

Florida Department of State  
Division of Corporations  
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((H14000021539 3)))



H140000215393ABCZ

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : NELSON & ASSOCIATES, C.P.A., P.A.  
Account Number : I20120000083  
Phone : (305) 593-0829  
Fax Number : (305) 593-8744

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: YNELSON@TAXNELSON.COM

**FLORIDA LIMITED LIABILITY CO.  
C2 Holdings, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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JAN 29 2014

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2014 JAN 29 PM 12:04



January 29, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

NELSON & ASSOCIATES

SUBJECT: C2 HOLDINGS, LLC  
REF: W14000005900

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is P000000092651.

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) 245-6051.

Tammi Cline  
Regulatory Specialist II

FAX Aud. #: H14000021539  
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2014 JAN 29 12:04

Jan. 29. 2014 9:57AM

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H140000215393

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C2 HOLDINGS GROUP, 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:

13190 SW 134 STREET

SAME

UNIT 207

MIAMI, FL 33186

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:

NELSON & ASSOCIATES, CPA PA

Name

1867 NW 97 AVENUE, SUITE 102

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

MIAMI

FL 33172

City

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 605, F.S.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

VINCENT T. CORTINA

13190 SW 134 STREET, UNIT 207

MIAMI, FL 33186

MGR

ROBERT COZZI

13190 SW 134 STREET, UNIT 207

MIAMI, FL 33186

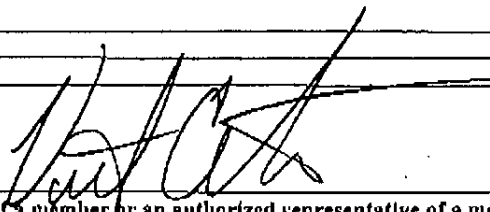
(Use attachment if necessary)

**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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

VINCENT T. CORTINA

Typed or printed name of signee

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