

L14 000030784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TO: SECRETARY OF STATE  
SUFFOLK COUNTY, MASSACHUSETTS

2014 FEB 21 10 11 13

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1 CENT

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:** RICKY SOTO

**DATE:** 02/21/2014

**REF. #:** 9057183

**CORP. NAME:** C & D II PANAMA INVESTMENTS, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK# 70015425 FOR \$ 125.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

Article I - Name: The name of the Limited Liability Company is C & D II PANAMA INVESTMENTS, LLC.

Article II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

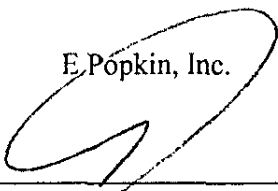
Principal Office and Mailing Address:

3020 Andrews Place, Boca Raton, FL 33434.

Article III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

E Popkin, Inc.  
3020 Andrews Place  
Boca Raton, FL 33434

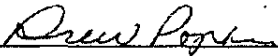
Having been named as registered agent and to accept service of process of the above-stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

By:  \_\_\_\_\_  
Edward D. Popkin

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

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TALLAHASSEE, FLORIDA

MGR: Drew Popkin  
3020 Andrews Place  
Boca Raton, FL 33434

  
Drew Popkin

Authorized Representative (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.)

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ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED