

L14000042835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

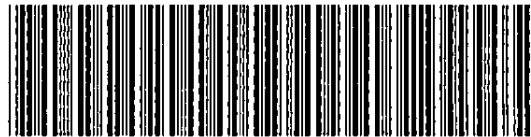
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/14/14--01001--003 **155.00

TO AGENCY/EDGE
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2014 MAR 13 PM 1:43

RECEIVED
TALLAHASSEE
FLORIDA

STATE OF FLORIDA
TALLAHASSEE

14 MAR 13 PM 5:28

J. Shivers MAR 14 2014

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

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: SAVANNAH DEBOER

DATE: 03/13/14

REF. #: 7745192.9080254

CORP. NAME: ALADIN C, 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# 70016630 **FOR \$** 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

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

Examiner's Initials

ARTICLES OF ORGANIZATION

ALADIN C, LLC,
a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

ALADIN C, LLC

ARTICLE II PRINCIPAL OFFICE AND MAILING ADDRESS

The street address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

240 South Pineapple Avenue
10th Floor
Sarasota, Florida 34236

and, the mailing address of the Limited Liability Company shall be:

P.O. Box 49948
Sarasota, Florida 34230-6948

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Cheryl L. Gordon
240 South Pineapple Avenue
10th Floor
Sarasota, Florida 34236

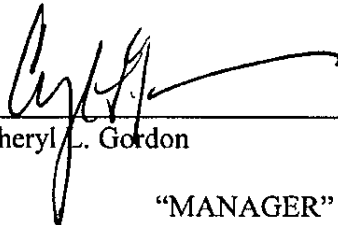
FILED
TALLAHASSEE, FLORIDA
JAN 13 2009

ARTICLE IV
MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company. The sole Manager of the Company is as follows:

Cheryl L. Gordon
240 South Pineapple Avenue
10th Floor
Sarasota, Florida 34236

These Articles of Organization have been executed as of the 13th day of March, 2014.



Cheryl L. Gordon
"MANAGER"

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0203 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

ALADIN C, LLC

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

Cheryl L. Gordon
240 South Pineapple Avenue
10th Floor
Sarasota, Florida 34236

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 3-13-14


Cheryl L. Gordon

REGISTERED AGENT

STATE OF FLORIDA
SARASOTA COUNTY

16 MAR 13 AM 9:29