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(Business Entity Name)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 17 PM 3:45

MAR 17 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CCG SAIL 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:

PASQUALE CARLUCCI
Name of Person

CCG
Firm/Company

14 ARMAND RD
Address

RIDGEFIELD, CT 06877
City/State and Zip Code

PASQUALECARLUCCI@SBCglobal.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PASQUALE CARLUCCI at (203) 894 8315
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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 17 PM 3:45

ALREADY
PAID
UNDER
"CCG-FL-LLC"
CORPORATION
CLIFF GARD
CCG-N-AM-13
P. G. HANLEY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2014

PASQUALE CARLUCCI
14 ARMAND RD
RIDGEFIELD, CT 06877

SUBJECT: CCG FL LLC
Ref. Number: W14000001470

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 17 PM 3:45

We have received your document for CCG FL LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : CCG, INC, document number P98000069223.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

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) 245-6951.

JENNA D HARRIS
Regulatory Specialist II

Letter Number: 314A00004299

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CCG SAIL 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}~~Mailing Address:~~ ^{Principal}14 ARMAND RD
RIDGEFIELD, CT 068772113 AVE C
BRADENTON BEACH FL 34217

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:

SARA ANNIS

Name

3001 GULF DRIVEFlorida street address (P.O. Box **NOT** acceptable)HOLMES BEACH

City


FL

34217

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

Name and Address:

MGR

AMBR

PASQUALE CARLUCCI

14 ARMAND RD

RIDGEFIELD, CT 06877

MARIA CARLUCCI

14 ARMAND RD

RIDGEFIELD CT 06877

(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:

Pasquale Carlucci

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.)

PASQUALE CARLUCCI

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)