## #2/5000008445

•	(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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EXAMINER DAN 15 2015

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	ECT: CAH SURFSIDE LLC Name of L	imited Liability Company	
The en	closed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this	natter to the following:	
	CURTIS A. HENNIGAR	Name of Person	
		,	
		Firm/Company	
	P.O. BOX 8564	Address	
	DEERFIELD BEACH, FL 33443	City/State and Zip Code	
	•	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, pl	ease call:	
Curtis	Hennigar at ( Name of Person	561 ) 222-1011 Area Code Daytime Te	lephone Number
Enclose	ed is a check for the following amount:		
<b>☑ \$125</b> .0	0 Filing Fee ☐\$130.00 Filing Fee & Certificate of Status	S155.00 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 Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent	tions

Tallahassee, FL 32301

## ARTYCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Limbility Company is:	<del>-2</del>
ONLY CHOPOME I.L.O.	\$v 5 ~\\
CAH SURFSIDE LLC	Liability Company, "L.L.C.," or "LLC.")
forest man with 1984 white willings	The state of the s
ARTICLE II - Address: The mailing address and street address of the principal of	Liability Company, "L.L.C.," or "LL.C.")  Mice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4400 North Enderal Highway	P.O. Box 8564
Suite 210-34	Deerfield Beach, FL 33443
Dearlield Beach, FL 33432	
ARTICLE III - Registered Agent, Registered Office, of The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.	Registered Agent. You must designate an individual or n.)
The name and the Florida street address of the registered	agent are:
Curtis A. Henniger	
Name	
.4400 North Federal Highway. Florida street address (P.O. Bux	
Depriield Boach.	FL 33432
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obl	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance gatious of my position as registered agent as provided for in or 665, F.S
(CONTINUI	€D)

Page 1 of 2

Title: "AMBR" ~ Authorized Member	Name and Address;	
"MGR" = Manager	A A A A A A	
MOR	Curtis A. Hennigar 4400 North Federal Highway, Sulte 210-34	7
	Dearfield Beach, FL 33432	1.
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& V: Effective date, if other than the date of fective data is listed, the date must be spec	of filing: (OPTIONAL)  cific and cannot be more than five business days print to or 90	days
EV: Effective date, if other than the date of fective date is listed, the date must be spec of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days princ to or 90	days
(Use attachment if necessary)  EV: Effective date, if other than the date of fective date is listed, the date must be specifically.)  EVI: Other provisions, if any.	of filing: (OPTIONAL)  cific and cannot be more than five business days prior to or 90	days
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