

L15 000 164 193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

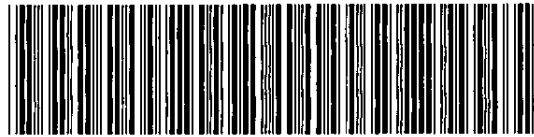
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700275836687

08/11/15--01021--008 **78.75

09/16/15--01014--009 **25.00

09/11/15--01018--021 **47.00

FILED
15 SEP 25 PM 1:05
SECRETARY OF STATE
MONTGOMERY, ALABAMA

9-22/ms

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cambridge International Holdings 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:

Thomas Patterson

Name of Person

Firm/Company

2000 Newaek In., Unit F201

Address

Thompson's Staeion, TN 37179-9624

City/State and Zip Code

summitinc@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Patterson at (704) 4643224

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)

xNOTE: 78..75 SENT TO YOU WITH PREVIOUS FORMS. MAKING A BALANCE OF 125 .00

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cambridge International Holdings 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:

8242 Glades Rd.

Boca Raton, FL 33434

Mailing Address:

Same

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:

Richard Chosid Att.

Name

5550 Glades Suite 200

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

Boca Raton FL 33431

City

State

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)

FILED
15 SEP 25 PM 1:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Peter Partos

~~8242 Glades Rd.~~

Boca Raton, FL 33434

5550 GLADES ROAD

SUITE 200

BOCA RATON FL 33481

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Sept. 21, 2015 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

Peter Partos

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)

15 SEP 25 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2015

PETER PARTOS
8242 GLADES RD
BOCA RATON, FL 33434

SUBJECT: CAMBRIDGE INTERNATIONAL HOLDINGS LLC
Ref. Number: W15000055009

We have received your document for CAMBRIDGE INTERNATIONAL HOLDINGS LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6052.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 715A00017279