

L16000183857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

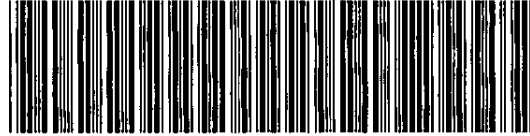
(Business Entity Name)

(Document Number)

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

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08/04/16--01011--005 \*\*125.00

W16-056118

10/04/16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 12, 2016

BRUCE A. FISCHMAN  
3140 S. OCEAN BLVD., APT. 401 NORTH  
PALM BEACH, FL 33480

SUBJECT: CP CAPITAL, LLC  
Ref. Number: W16000056118

RECEIVED  
16 OCT -3 PM 4:42  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for CP CAPITAL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000114394.

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 216A00017072

**CRANMORE, FITZGERALD & MEANEY**

**ATTORNEYS AT LAW**

**49 WETHERSFIELD AVENUE**

**HARTFORD, CONNECTICUT 06114-1102**

**JOHN P. McHUGH**

**(860) 522-9100 EXT. 233**

**FAX NO.**

**(860) 522-3379**

**EMAIL**

**jmchugh@cfmlawfirm.com**

August 1, 2016

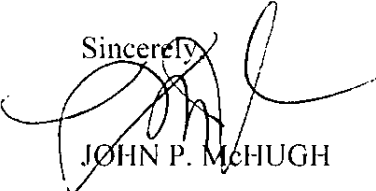
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: CP Capital, LLC**  
**Bruce A. Fischman**  
**Address: 3140 South Ocean Blvd., Apt. 401 North, Palm Beach, FL 33480**  
**Telephone: (860) 214-5000**

To Whom This May Concern:

Enclosed please find a cover letter and Articles of Organization to be filed, as well as a check in the amount of \$125.00 for the applicable filing fee.

Sincerely,



JOHN P. McHUGH

JPM/sk

Enclosures

cc. Bruce A. Fischman  
Joseph DeMaio

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Four Fisch Capital, 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:

Bruce A. Fischman

Name of Person

Firm/Company

3140 South Ocean Blvd., Apt. 401 North

Address

Palm Beach, FL 33480

City/State and Zip Code

baf@cpi-ct.com

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

For further information concerning this matter, please call:

Bruce A. Fischman

860

214-5000

at ( )

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**

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:

Four Fisch Capital, 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:**

c/o Bruce A. Fischman

3140 South Ocean Blvd. Apt. 401 North

Palm Beach, FL 33480

**Mailing Address:**

c/o Bruce A. Fischman

3140 South Ocean Blvd., Apt. 401 North

Palm Beach, FL 33480

**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:

Bruce A. Fischman

Name

3140 South Ocean Blvd., Apt. 401 North

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

Palm Beach

FL

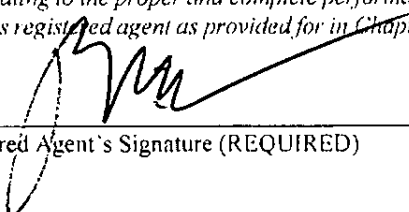
33480

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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Bruce A. Fischman

3140 South Ocean Blvd., Apt. 401 North

Palm Beach, FL 33480

(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.)

**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.

Bruce A. Fischman

\_\_\_\_\_  
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)