Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000134783 3)))



H220001347833ABC/

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

: (800)342-9856

Fax Number

: (800)354-3381

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		

## FLORIDA LIMITED LIABILITY CO. CP FAMILY HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu



ARTICLE I - Name: The name of the Limited Liabilit	y Company is:			
		OLDINGS, LLC		
(Must conti	in the words "Limited L	iability Company,	"L.L.C.," of "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	fice of the Limited	Liability Company is:	
Princips	al Office Address:		Mailing Address:	
17783 LAKE ESTAT BOCA RATON, FLO	ES DRIVE DRIDA 33496		3 LAKE ESTATES DRIVE CA RATON, FLORIDA 33496	202
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own l	Registered Agent.	nt's Signature: You must designate an individu	ALI MHASSEE.F
The name and the Florida street	address of the registered	agent are:		···· (/)
	CHERYL PORTNOY	·	· 	ORNO:
		Name		•
	17783 LAKE ESTAT	ES DRIVE _	·	
	Florida street address	(P.O. Box <u>NOT</u> a	cceptable)	
	BOCA RATON	FLORIDA	33496	
	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..

(CONTINUED)

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			_	
4	PΤ	CI	F.	IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR/MGR	CHERYL PORTNOY 17783 LAKE ESTATES DRIVE BOCA RATON. FLORIDA 33496	<u>-</u> -
<u> </u>		
<del></del>		<u>-</u>
		2022 APR
(Use attachment if necessary)		113 PM
	not meet the applicable statutory filing requirements, this date will	90 days after
ARTICLE VI: Other provisions, if any.		
<u>REOUIRED</u> SIGNATURE:	Lamena a Kisch	

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.

LAWRENCE A. KIRSCH

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 5.00 Certificate of Status (Optional)

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