

APPROVED
AND
FILED

1996 NOV 25 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDAAPPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANYFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L95000000509

Commodore Financial Services, L.C.
c/o Stern & Miller
25 Ford Road - Second Floor
Westport, CT 06880

1a. Principal Place of Business Address

REINSTATEMENT

If above mailing address is incorrect in any way (due through incorrect information and enter correction in Block 2.

2. Mailing Address
Same2a. Principal Place of Business
Same3. Date Organized or Qualified
7/25/953a. State of Formation
Florida

State, Apt. #, etc.

Dated, Apt. #, etc.

4. FCI Number
58-2258470☐ Not For
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Due

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

The Prentice Hall Corporation System
1201 Hays Street
Inc.

Tallahassee, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

State, Apt. #, etc.

City

Zip Code

FL

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 600, F.S.

Signature of
Registered Agent

Deborah D. Skipper

Date 11-22-96

10. Title

Managing Members Managers

Business Street Address

City, State & Zip Code

Mgr

Mark Stern

25 Ford Road, 2nd Floor

Westport, CT 06880

200002014432--
-11/26/96--01104--009
****738.75 ****738

11. I certify that I am managing member manager or the receiver or trustee empowered to execute this application as provided for in Chapter 600, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 600.403, F.S., and the all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member Manager

Date

11/18/96

Daytime Phone #

Typed or printed name of signing Managing Member Manager

1201 HAYS STREET
TALLAHASSEE, FL 32301

800-342-8086

CSC networks

PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 647742 86901D

AUTHORIZATION :

COST LIMIT : \$ 285.00

ORDER DATE : July 25, 1995

ORDER TIME : 10:21 AM

100001545511

ORDER NO. : 647742

CUSTOMER NO: 86901D

CUSTOMER: Mr. Sam Saleem
PRENTICE HALL LEGAL &
FINANCIAL SERVICES
375 Hudson Street

New York, NY 10014

DOMESTIC FILING

NAME: *Commodore*
WINDWARD FINANCIAL SERVICES,
L.C.

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry

EXAMINER'S INITIALS: T. BROWN AUG - 1 1995

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95 JUL 25 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~W95-1194/2~~

~~W95-1502~~



FLORIDA DEPARTMENT OF STATE

July 25, 1995

Sandra B. Mortham
Secretary of State

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301

SUBJECT: WINDWARD FINANCIAL SERVICES, L.C.
Ref. Number: W95000014942

We have received your document for WINDWARD FINANCIAL SERVICES, L.C. and the authorization to debit your account in the amount of \$285.00. However, the document has not been filed and is being returned for the following:

The document must include original signatures.

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. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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 (904) 487-6932.

Teresa Brown
Corporate Specialist

Letter Number: 795A00035348

ARTICLES OF ORGANIZATION
OF
COMMODORE FINANCIAL SERVICES, L.C.

A Florida Limited Liability Company

ARTICLE I - Name:

The name of this Limited Liability Company shall be:
COMMODORE FINANCIAL SERVICES, L.C.

ARTICLE II - Address:

The mailing address of the limited liability company shall be:
c/o STERN & MILLER, 30 Oak Street, Stamford, Connecticut 06905.

The principal office of the limited liability company shall be
c/o Prentice Hall 1201 Hays Street, Suite 105, Tallahassee,
Florida 32301, and such other place or places as the members from
time to time may determine.

ARTICLE III - Duration:

The period of duration shall be :

UNTIL THE EARLIER OF THIRTY YEARS FROM THE DATE THESE ARTICLES
ARE FILED WITH THE SECRETARY OF STATE OF FLORIDA OR DECEMBER 31,
2025.

ARTICLE VI - Management:

(check and complete the appropriate statement)

XXX The Limited Liability Company is to be managed by a
manager or managers and the name(s) and address(es) of such
manager(s) who is/are to serve as manager(s) is/are:

MARK STERN
30 Oak Street
Stamford, Connecticut 06905

_____ The Limited Liability Company is to be managed by the
members and the name(s) and address(es) of the managing member(s)
are:

NOT APPLICABLE

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TALLAHASSEE, FLORIDA

ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of admission shall be:

NO ADDITIONAL MEMBERS MAY BE ADMITTED, EXCEPT UPON UNANIMOUS VOTE OF ALL MEMBERS.

ARTICLE VI - Members Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

THE REMAINING MEMBERS MAY CONTINUE THE BUSINESS OF THE LIMITED LIABILITY COMPANY UPON UNANIMOUS APPROVAL OF THE REMAINING MEMBERS, PROVIDED HOWEVER THAT SUCH CONTINUATION DOES NOT CHANGE THE FEDERAL OR STATE TAX STATUS OF THE COMPANY.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of COMMODORE FINANCIAL SERVICES, L.C. deposes and says:

- 1) the above named limited liability company has at least two members;
- 2) the total amount of cash contributed by the members is \$2,000;
- 3) if any, the agreed value of property, other than cash contributed by member(s) is: \$ -NONE-. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 2,000. This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes affirmation under penalties of perjury that the facts stated herein are true)

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE / REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: COMMODORE FINANCIAL SERVICES, L.C.
2. The name and address of the registered agent and office is:
The Prentice-Hall Corporation System, Inc.
(Name)
1201 Hays Street, Suite 105
(P.O. Box ~~not~~ acceptable)
Tallahassee, Florida 32301
(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.

By: Marcia A. Havner, Asst. Secy. 8-1-95 1995
(Signature) (Date)
Marcia A. Havner, Asst. Secy.