# 2951110000966

## FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

EFFECTIVE DATE

SUBJECT: CFR Holdings, L.C.
(Proposed limited liability company name (must include suffix)

Enclosed is an original and one (1) copy of the articles of organization and check for:

\$285.00
 Filing Fee
 & Registered
 Agent designation

Filing Fee, Registated Agent Designation &

Certificate

\$293.75

□ \$337.50

Filing Fee, Registered Agent Designation &

Certified Copy

\$346.25
 Filing Fee,

m 0:52

314

Registered Agent Designation Certified Copy &

Certificate

will

500001668215 -12/20/95--01013--003 \*\*\*\*285.00 \*\*\*\*285.00

FROM: Dr. Richard Glick

Name (Printed or typed)

\_1909 Chowkeebin Court

Address

\_Tallahassee, FL 32301

City, State & Zip

(904) 942-2022

Daytime Telephone number

Janu Person har 245-3785

NOTE: Please provide the original and one copy of the articles.

## REFERENCE DATE

### ARTICLES OR ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: CFR Holdings, L.C.



ARTICLE II - Address:

The manage address and street address of the principal office of the Limited Liability Company is: 1909 Chowkeebin Court

Tallahassee, FL 32301

**ARTICLE III - Duration:** 

The period of duration for the Limited Liability Company shall be: Perpetual

ARTICLE IV - MANAGEMENT: (check and complete the appropriate statement)

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:

The Limited Liability Company is to be managed by the members and the name(s) and address of the managing member is: DR. Richard Glick
1909 Chowkeebin Court
Tallahassee, FL 32301

ARTICLE-V.—Admission of additional Members:  The right, if given, of the remaining-members to admit additional members and the terms and conditions of the admissions shall be:
ARTIGLE-VI Aembers kights 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:
ARTICLE VII - Effective date for Establishment of the Limited Liability Company: The effective date for establishment of CFR Holdings, L. C., is January 1, 1996.

NOTE: If no provisions are to be make in Article V and VI remove this before submitting for filling with the Department of State.

#### AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of	of a
CFR Holdings, L.C.	Deposes and says:
	, , , , , , , , , , , , , , , , , , , ,
1) the above named limited liability company has at least two r	nembers
2) the total amount of cash contributed by the member(s) is	\$ 0
3) if any, the agreed value of property other than cash contribute member(s) is NONE  A description of the property is attached and made a part he N/A	\$ <u>0</u> Pretio.
<ol> <li>the amount of cash or property anticipated to be contributed member(s) is One hundred dollars and no cents</li> </ol>	\$ <u>100.00</u>
5) the total amount 2, 3, and 4 is \$ 100.00	\$ <u>100.00</u>

Signature of a member or authorized representative of a member. (In accordance with section 608.408(3), Florida Stalutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501. FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the Limited Liability Corporation is:      CFR	Holdings, L.C.
2. The name and address of the registered agent and office	e is:
Dr. Richard Glick	
(Name)	95 SE TAL
1909 Chowkeepin Court	
(P.O. Box cr Mail Drop Box NOT ACCEPTA	ABLE)
TALLAHASSEE, FL 32310	
(CITY/STATE/ZIP)	

Having been named as registered agent and to accept service of process for the above stated corporation 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 '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.

(SIGNATURE) (DATE)

DIVISION OF CORPORATIONS, P.O. BOX 6527, TALLAHASSEE, FL 32314