

L990000P2308

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

600002849096--3

-04/23/99--01047--001

***337.50 ***337.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. C,be Paparazzi, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 4/23

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

99 APR 23 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NEW FILINGS	
Name	Profit
Availability	NonProfit <u>4/23/99</u>
Document	Limited Liability <u>200</u>
Examiner	Domestication DCC
Updater	Other DCC

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger <u>L990000P2308</u>

OTHER FILINGS	
Updater	Annual Report DCC
Ver	Fictitious Name DCC
...	Name Reservation DCC

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 APR 23 AM 10:58

RECEIVED

Examiner's Initials

4 pages

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: CIBE PAPARAZZI LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
3 East 54th Street Suite 1265 New York, New York 10022

ARTICLE III - Duration:

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

ARTICLE IV - Management:

(Check the appropriate box and complete the 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(es) of the managing member(s) is/are:

Delaney (US) Inc. 3 East 54th Street Suite 1265 New York, New York 10022

Salar (US) Inc. 3 East 54th Street Suite 1265 New York, New York 10022

Roberto Ruggeri 3 East 54th Street Suite 1265 New York, New York 10022

ARTICLE V - Admission of Additional Members:

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

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TALLAHASSEE, FLORIDA

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:

ARTICLE VII - Affidavit of Membership and Contributions

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TALLAHASSEE, FLORIDA

The undersigned member or authorized representative of a member of CIBE PAPARAZZI LLC certifies:

- 1) the above named limited liability company has at least one member; \$ 1,000.00 ;
- 2) the total amount of cash contributed by the member(s) is \$ 00.00 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 1,000.00 .


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

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

RENE A. ROSEN
Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: CIBE PAPARAZZI LLC

2. The name and the Florida street address of the registered agent are:

Paralegal and Attorney Service Bureau, Inc.

NAME

1406 Hays Street-#2

Florida street address (P. O. Box NOT ACCEPTABLE)

Tallahassee, FL 32301

CITY, STATE AND ZIP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 APR 23 PM 1:00

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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.

SIGNATURE

Kathleen J. Hill, Pres.

Filing Fee: \$ 35 for Designation of Registered Agent