L12000084885

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
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JUN 28 2012

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

06-27-2012

NAME:

CGJB HOLDINGS LLC

TYPE OF FILING:

ARTICLES OF ORGANIZATION

COST:

\$125

RETURN:

PLAIN COPY

ACCOUNT: FCA00000015

AUTHORIZATION:

COVER LETTER

	ion of Corporations		
SUBJECT: _	CGJB	Holdings LLC	
	Name of Lim	nited Liability Company	
The enclosed A	Articles of Organization and fee(s) ar	e submitted for filing.	
Please return a	all correspondence concerning this ma	atter to the following:	
	Maria Kenigsber	<u>'g</u>	
		Name of Person	
	Edwards Wildma		
		Firm/Company	
	225 West Wacker	Drive, Suite 3000	
		Address	
<u>.—</u>	Chicago, IL 60606		AA SE
		City/State and Zip Code	SECRETARY
	mkenigsberg@edwa	Ardswildman.com I for future annual report notification)	A A A
For further infe	ormation concerning this matter, plea	•	JUN 27 AM 8 RETARY OF STA
Maria K	enigsberg	_{at (} 312) 201-2435	1 8: 34 STATE LORIDA
	Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a	check for the following amount:		
\$125.00 Filing	Fee \$\int_\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee & Certificate of Certifica	f Status & py
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration 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 Li	mited Liability Company is	•	
	3 Holdings LLC		
(Mu	st end with the words "Limited Linb.	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing addres		principal office of the Limited Liabil	ity Company is:
Principal Office A	ddress:	Mailing Address:	•
2385 Palm Tree Punta Gorda, FI			***************************************
(The Limited Liability Co	egistered Agent, Registere mpany cannot serve as its own Regis ctive Florida registration.)	d Office, & Registered Agent's Sig stered Agent. You must designate an individual	gnature: or another
The name and the F	lorida street address of the	registered agent are:	≱ s B
	Glen A. Mayer	· · · · · · · · · · · · · · · · · · ·	LAHA
	2385 Palm Ti		FIL BIP JUN 27 SECRETARY ALLAHASSEE
	Florida street ad Punta Gorda	dress (P.O. Box <u>NOT</u> acceptable)	OF STA
	City, S	tate, and Zip	86 3 6 3

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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	
"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	The Glen Mayer Trust dated 12/04/2007 2385 Palm Tree Drive Punta Gorda, FL 33950
MGRM	The Catherine Mayer Trust dated 12/04/2007 2385 Palm Tree Drive Punta Gorda, FL 33950
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than	
	st be specific and cannot be more than five business days prior
	st be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	ALLA SECTION
to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a me	ALLA SECH
to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false in	Marine SECRE

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)