Complete City/State/Zip Phone

Office Use Only

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

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(Corporation Name)	(Document #) 5000032515550 -05/22/0001101007 ****250.00 ****125.00
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4. (Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) Certified Copy Status: Photocopy Certificate of Status:
Profit □ Not for Profit □ Limited Liability □ Domestication □ Other OTHER FILINGS □ Annual Report □ Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/OUALIFICATION Document Examinar Limited Partnership Reinstatement Trademark Other W. P. Verwer
	Examiner's Initials







FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 26, 2000

CGM ASSOCIATES, L.L.C. 6625 STONEGATE DRIVE NAPLES, FL 34109

SUBJECT: CGM ASSOCIATES, L.L.C.

Ref. Number: W00000013604

We have received your document for CGM ASSOCIATES, L.L.C. and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Be sure to leave the signature of the member.,

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 (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 300A00030143

) MAY 22 PM 4: 2

ARTICLES OF ORGANIZATION Of CGM ASSOCIATES, LLC

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, Fla Statues Sec 608.401 – 608.703 hereby adopts the following articles of Organization.

<u>ARTICLE I NAME:</u>

The name of the corporation shall be: CGM ASSOCIATES, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6625 Stonegate Drive Naples, Florida 34109

ARTICLE III DURATION

The period of duration for the Limited Liability Company shall be: 30 years.

<u>ARTICLE IV</u> INITIAL REGISTERED AGENT AND STREET ADDRESS

Walter W. Chernoch 6625 Stonegate Drive Naples, Florida 34109

<u>ARTICLE V</u> <u>ORGANIZERS</u>

The name and address of the organizer of the Limited Liability Company is:

Walter W. Chernoch 6625 Stonegate Drive Naples, Florida 34109

<u>ARTICLE VI</u> EFFECTIVE DATE:

The effective date of this company shall be May 15, 2000.

Walk.Ch

Signature/Registered Agent

Date

6-4-00

00 KAY 22 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORID.

FILE

<u>ARTICLE VII</u> MANAGEMENT:

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

Walter W. and Debra D. Chernoch 6625 Stonegate Drive Naples, Florida 34109

James and Renee Messina 6769 Stonegate Drive Naples, Florida 34109

Lauren Greenough 6602 Stonegate Drive Naples, Florida 34109

<u>ARTICLE VIII</u> ADMISSION OF ADDITIONAL MEMBERS

There shall be no additional members admitted to the Company without a unanimous approval of the current membership and a resolution confirming said admission must be filed in writing as a part of the official records of the Company.

ARTICLE IX MEMBERS RIGHTS TO CONTINUE BUSINESS

The right is given to the remaining members to continue the business of the limited liability company should any member die, retire, resign, be expulsed, become bankrupt, or become dissolved, or the occurrence of any other event which terminates the continued membership of a member in the limited liability company.

Signature/Organizer Member 6-4-00

Having been named as registered agent and to accept service of process for the above stated company at the place designated in this certificate,! 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 myposition as registered agent.

Registered Agent

Date:

6-4-00

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