

# L00000009088

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUL 31 PM 12:56

Pennington Law Firm  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

282-3533  
(Phone #)

OFFICE USE ONLY

*p/s call Maisha*

800003340268--8  
-07/31/00--01079--003  
\*\*\*\*155.00 \*\*\*\*155.00

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

**HHH**

1. CMC TAL, L.L.C.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time \_\_\_\_\_

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☒ Certificate of Status

RECEIVED  
00 JUL 31 PM 1:09  
DIVISION OF CORPORATION

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*Call when Ready*

Examiner's Initials

ARTICLES OF ORGANIZATION

OF

CMC TAL, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUL 31 PM 12:56

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is CMC TAL, L.L.C. (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The period of duration of the Company shall not exceed seven years from the date of the filing of these Articles of Organization. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

The purpose for which the Company is organized is to purchase, own, sell, mortgage, and do everything incidental or necessary relating to real property and personal property, including farming, timber farming, development, and to engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. MAILING ADDRESS AND STREET ADDRESS OF PLACE OF BUSINESS.

The street address of the place of business in Florida for the Company is: 1415 Timberlane Road, Tallahassee, FL 32312.

The mailing address for the Company is: 2727 Apalachee Parkway, Tallahassee, FL 32301.

5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: Ben H. Wilkinson, and the initial registered office is located at 215 S. Monroe Street, Tallahassee, FL 32301.

6. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company is as follows: One Hundred and No/100 Dollars (\$100.00) in cash.

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization.

8. MEMBERS; ADMISSION OF NEW MEMBERS.

The Company shall have at least one (1) member (the "Members"). New Members may be admitted in the manner provided in the Operating Agreement.

9. CONTINUITY OF BUSINESS.

Upon 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 Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

10. MANAGEMENT.

Company shall be a manager-managed Company.

The management of the Company shall be vested in a Manager. In the event of the death of Manager, the duties of Manager will be assumed by the Successor Manager. The Manager may execute deeds, notes, mortgages, contracts or any other instrument binding the

Company without the necessity of the signature or consent of any other Member. The names and addresses of the Manager and Successor Manager are as follows:

1. MANAGER: William D. Crona  
2020 Lee Avenue  
Tallahassee, FL 32303
2. SUCCESSOR MANAGER: Tommy Cohen  
6942 Salamanca Avenue  
Jacksonville, FL 32217

11. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Manager or former Manager to the full extent permitted under the Florida Limited Liability Company Act.

Executed at Tallahassee, Florida, on the 27<sup>th</sup> day of July, 2000.

By: \_\_\_\_\_

Member

STATE OF FLORIDA,

COUNTY OF LEON.

The foregoing instrument was acknowledged before me this 27  
day of July, 2000, by William D. Crona, a member of CMC TAL,  
L.L.C., a Florida limited liability company, on behalf of the  
company. He is personally known to me or has produced \_\_\_\_\_  
as identification.

Lisa Martin Welch  
NOTARY PUBLIC - STATE OF FLORIDA



Print, Type or Stamp Name of Notary  
Public

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, 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.

1. The name of the company is: CMC TAL.
2. The name and address of the registered agent and office is:

Ben H. Wilkinson

(NAME)

215 S. Monroe Street

(P.O. BOX NOT ACCEPTABLE)

Tallahassee, FL 32302

(CITY/STATE/ZIP)

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE July 27, 2000

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 \_\_\_\_\_

DATE July 27, 2000

REGISTERED AGENT FILING FEE: \$35.00