

L00000012843



ACCOUNT NO. : 072100000032

REFERENCE : 870116 81011A

AUTHORIZATION :

*Patricia Pignato*

COST LIMIT : \$ 155.00

ORDER DATE : October 19, 2000

ORDER TIME : 4:34 PM

ORDER NO. : 870116-005

CUSTOMER NO: 81011A

800003433119--D

CUSTOMER: Ms. Nichole Lodato  
Holcomb & Decort, P.a.

106 South Tampania Avenue

Tampa, FL 33609

DOMESTIC FILING

NAME: CFS GULFPORT, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kim Clemons - EXT. 1158

EXAMINER'S INITIALS:

*JB*  
10-20-00

RECEIVED  
00 OCT 20 AM 9:11  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

APPROVED  
FILED  
00 OCT 20 PM 9:59  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I  
NAME**

The name of the Limited Liability Company is CFS GULFPORT, LLC.

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 2152 14<sup>TH</sup> Circle North, St. Petersburg, FL 33734.

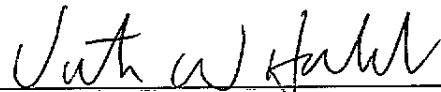
**ARTICLE III  
EFFECTIVE DATE**

The Limited Liability Company shall be effective as of October 20, 2000.

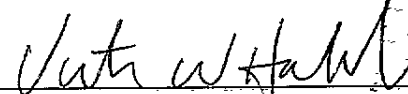
**ARTICLE IV  
REGISTERED AGENT, REGISTERED OFFICE,  
AND RESIDENT AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are Victor W. Holcomb, Esquire, 106 South Tampania Avenue, Suite 200, Tampa, Florida, 33609.

*Having been named as registered agent and to accept service of process for the above-named 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 provision 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.*

  
\_\_\_\_\_  
Victor W. Holcomb, Esquire

**IN WITNESS WHEREOF**, the undersigned representative hereby acknowledges that, in accordance with Section 608.408(3), Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
Victor W. Holcomb, Esquire