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(Requestor's Name)
(Address)
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(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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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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	RA Resignation	_
	Dissolution / Withdrawal	
	Annual Report / Reinstatement	
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	Certificate of Status	
	Certificate of Fictitious Name	<u>.</u>
	Corp Record Search	
	Officer Search	=
	Fictitious Search	
	Fictitious Owner Search	
	Vehicle Search	
	Driving Record	
	UCC 1 or 3 File	
	UCC 11 Search	_
	UCC 11 Retrieval	
	Courier	_
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Name:	
The name of the Limited Liability Company is:	

CRF - Panther VI, LLC				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
500 South Florida Avenue, Suite 700	500 South Florida Avenue, Suite 700			
Lakeland, Florida 33801	Lakeland, Florida 33801			

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Peter A. McFarlane

Name
PETER A. McFARLANE, P.A.
500 South Florida Avenue, Suite 715
Florida street address (P.O. Box NOT acceptable)

Lakeland

FLORIDA 33801

City, State, and Zip

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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

Name and Address:		
uite 700		
-		

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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

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

Lawrence T. Maxwell, President of CRF Management Co., Inc.
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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CRF - Panther VI, LLC

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Lakeland, Florida 33801	Lakeland, Florida 33801

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Peter A. McFarlane
Name

PETER A. McFARLANE, P.A.
500 South Florida Avenue, Suite 715

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

Lakeland FLORIDA 33801
City, State, and Zip

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Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	CRF Management Co., Inc. 500 South Florida Avenue, Suite 700 Lakeland, Florida 33801
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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

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

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