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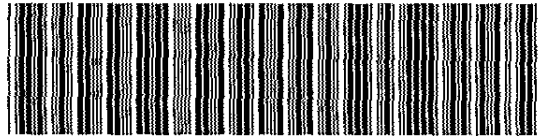
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04 MAR 12 AM 9:35

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cradle Will Rock, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ms. Suzanne L. Dunn
(Name of Person)

Cradle Will Rock, LLC
(Firm/Company)

P.O. Box 771555
(Address)

Coral Springs, FL 33077-1555
(City/State and Zip Code)

For further information concerning this matter, please call:

Suzanne L. Dunn at 954, 721. 2689
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cradle Will Rock, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8300 NW 100 Terrace
Tamarac, FL
33321

Mailing Address:

P.O. Box 771555
Coral Springs, FL
33077-1555

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Suzanne L. Dunn
Name
8300 NW 100 Terrace
Florida street address (P.O. Box **NOT** acceptable)
Tamarac, FL 33321
City, State, and Zip

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CLERK OF DISTRICT COURT
JALAN, ALABAMA

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..

Suzanne L. Dunn
Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Suzanne L. Dunn
8300 NW 100 Terrace
Tamara C, FL 33321

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Suzanne L. Dunn
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.)

Suzanne L. Dunn

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)

\$155.00