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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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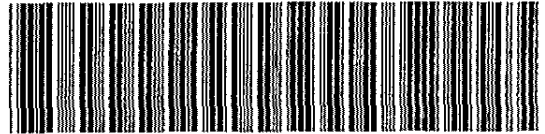
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

KAUFMAN & CANOLES

— | A Professional Corporation | —
Attorneys and Counselors at Law

Dustin H. DeVore
757 / 259-3808
dhdevore@kaufcan.com

757 / 259-3800
fax: 757 / 259-3838

Mailing Address:
P.O. Box 6000
Williamsburg, VA 23188
4801 Courthouse Street
Suite 300
Williamsburg, VA 23188

November 23, 2004

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: *Formation of CCMT2, LLC*
Our Matter No. 107917

Dear Sir or Madam:

Enclosed please find Articles of Organization to be filed on behalf of the above-referenced company. I have enclosed Kaufman & Canoles check number 213489 in the amount of \$160.00, representing payment of the necessary filing fees and fees for certified copies.

Thank you for your attention to this matter. Should you have any questions, please do not hesitate to contact me.

Very truly yours,



Dustin H. DeVore

DHID/mes

cc:

#6062712 v1

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CCMT2, 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:

Dustin H. DeVore, Esq.
(Name of Person)

Kaufman & Canoles, P.C.
(Firm/Company)

4801 Courthouse Street, Suite 300
(Address)

Williamsburg, VA 23188
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Dustin H. DeVore, Esq.
(Name of Person)

at

(757) 259-3800
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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:

CCMT2, LLC

ARTICLE II - Address:

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

Principal Office Address:

2266 Eaton Lake Court
Lehigh Acres, FL 33971

Mailing Address:

2266 Eaton Lake Court
Lehigh Acres, FL 33971

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

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

Craig A. Inscoe

Name

2266 Eaton Lake Court

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

Lehigh Acres, FL 33971

City, State and Zip Code

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, F.S.


Registered Agent's Signature

CONTINUED

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TALLAHASSEE, FLORIDA

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

CCMT, Inc.

Attn: Michael E. Inscoc


169 Nottingham Trail

Newport News, VA 23602

(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.)

Michael E. Inscoc

Typed or printed name of signee

Filing Fees:

\$125.00

\$ 30.00

\$ 5.00

Filing Fee for Articles of Organization and Designation of Registered Agent

Certified Copy (Optional)

Certificate of Status (Optional)

#6062755 v1

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04 NOV 29 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA