

L05000011387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

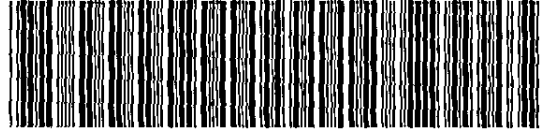
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STATE
FALLA... OF FLORIDA



CORPORATION SERVICE COMPANY*

ACCOUNT NO. : 072100000032

REFERENCE : 182972 5490A

AUTHORIZATION :

Patricia Pizuto

COST LIMIT : \$ 130.00

FILED
05 FEB - 3 AM 7:48
SEC. OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 3, 2005

ORDER TIME : 12:0 PM

ORDER NO. : 182972-015

CUSTOMER NO: 5490A

CUSTOMER: Ms. Kathleen Kennedy
Mastriana & Christiansen

Suite 200
1500 North Federal Highway
Fort Lauderdale, FL 33304

DOMESTIC FILING

NAME: CGD GENERAL PARTNER, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

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

FILED
05 FEB -3 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

CGD General Partner, LLC

ARTICLE II - Address:

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

Principal Office Address:

1500 North Federal Highway

Suite 200

Fort Lauderdale, Florida 33304

Mailing Address:

1500 North Federal Highway

Suite 200

Fort Lauderdale, Florida 33304

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

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

F. Ronald Mastriana

Name

c/o Mastriana & Christiansen, PA, 1500 North Federal Highway,
Florida street address (P.O. Box NOT acceptable) Suite 200

Fort Lauderdale FLORIDA 33304

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..

Corporation Service Company

By: 

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:

F. Ronald Mastriana

(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.)

By: F. Ronald Mastriana

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)