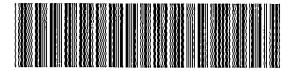
## L05000040130

(R	Requestor	's Name)	
(A	ddress)		
(A	ddress)		
(0	ity/State/	Zip/Phone	#)
PICK-UP	<u> </u>	WAIT	MAIL
(B	usiness E	entity Name	e)
(D	ocument	Number)	: ::==::::::::::::::::::::::::::::::::
ertified Copies	_ c	ertificates :	of Status
Special Instructions to	Filing O	fficer;	
	<sub>{</sub>		
· · · · · · · · · · · · · · · · · · ·			
<u>ราชายสิโ</u>	DOG		
Kaminer	Offic noc	e Us <b>e</b> Only	
C. A. at	7 70		
A the morting	<u> </u> გამ		
W. P. Verifyer	بانار		



000050610230

04/25/05--01004--014 \*\*155.00

OS AFR 25 AT 9: 48 OS AFR 25 AM IO: 16

## TRANSMITTAL LETTER

TO: Registration Se Division of Cor				-
SUBJECT: CT Breck		d Liability Company)		
	(Name of Diffine	Liaomy Company)		
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.		
Please return all correspo	ondence concerning this matte	r to the following:		
Patricia V	Vingo			
	(1)	Name of Person)	<del></del>	
	(I	Firm/Company)		
1359 Consti	tution Place West			
		(Address)	$\Xi_{c}$	_
				35/
Tallah	assee, FL 32308		H.	78 T
	(City/	State and Zip Code)	SS.	DS APR 25 AM 10:
			în ≅ En ⊸∉	<u> </u>
For further information concerning this matter, please call:			5 7	
			윤	<u> </u>
Patricia Wingo	- CD	at (850) 8934820	<del> </del>	<b>95</b>
(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check fo	r 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 Certificate of Statu Certified Copy (additional copy is enc	ıs &
	ET ADDRESS: ration Section	MAILING A Registration S		

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

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 i	s:
CT Breck LLC	<u> San Baran da san San</u> San San
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
450 Peerless Drive	1359 Constitution Place West
Breckenridge, CO 80424	Tallahassee, Fl 32308
	and the second of the second o
The name and the Florida street address of the  Patricia Wingo  Nam  1359 Constitution Place W  Florida street a	address (P.O. Box NOT acceptable)
Tallahassee	TEL .
City, State	e, and Zip
liability company at the place designated is registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(CONTINUED)

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

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

"MGR" = Manager "MGRM" = Managing Member  MGR  Patricia Schroeder Winco  1359 Constitution Place W	••
	4*
1359 Constitution Place W	
Tallahassee, FL 32308	
MGRM Charlie Wingo	
1359 Constitution Place W	
Tallahassee, FL 32308	
	Ī
	•
The state of the s	<i>-</i> .
(Use attachment if necessary)	
NOTE: A STATE OF THE STATE OF T	بروند دري
NOTE: An additional article must be added if an effective date is requested.	
REQUIRED SIGNATURE:	
Lateria Schooler Wings	egen.
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.)	
Patricia Schroeder WING C  Typed or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)