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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Ви	siness Entity Name)	
(Do	ocument Number)	 -
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
NAME OF STATE OF ST

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CNG MGT LLC (Name of Limited	iability Company)	
The enclosed Articles of Organization and fee(s) are subn Please return all correspondence concerning this matter to	-	
ALFRED A KROLL		
(Nam	ne of Person)	
(Firm	n/Company)	
7786 COURTYARD RUN W	Address)	Ī
BOCA RATON FL 33433	SECRETARY OF STATE ALLAHASSEE, FLORID te and Zip Code)	
(City/Stat	P	Mar.
For further information concerning this matter, please call	l:	
ALFRED A KROLL at ((Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status C	S155.00 Filing Fee & Certified Copy 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:

CNG MGT LI	<u> </u>		· -
	II - Address:		
The mailing	address and street address of	the principal office of the Limited	d Liability Company is
Principal Office Address:		Mailing Address:	
7786 COURT	TYARD RUN W	7786 COURTYARD RUN W	1
BOCA RATON FL 33433		BOCA RATON FL 33433	
7786 COURTYARD RUN W Florida street ac BOCA RATON		f the registered agent are:	JUN 27 PM 2: 31 LAHASSEE, FLORI

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)

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:
MGRM	ALFRED A KROLL 7786 COURTYARD RUN W BOCA RATON FL 33433
	OS JU TALLER
	PASSEE FLO
(Use attachment if necessary) NOTE: An additional article must be a	added if an effective date is requested.
REQUIRED SIGNATURE:	· ·

. ^ 1

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.)

ALFRED A KROLL

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)