

OCT-17-2005 11:00

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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813)229-7600  
Fax Number : (813)229-1660

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DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**CBY25, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION  
CBY25, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is **CBY25, LLC**.

**ARTICLE II - Address:**

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

Street Address  
CBY25, LLC  
401 E. Palm Avenue  
Tampa, Florida 33602

Mailing Address  
CBY25, LLC  
4910-D Crockside Drive  
Clearwater, Florida 33760

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 1<sup>st</sup> day of October, 2005.

  
\_\_\_\_\_  
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.)

Paul R. Lynch  
\_\_\_\_\_  
Typed or printed name of signee

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **CBY25, LLC**.
2. The name and the Florida street address of the registered agent are:

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

*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.*

*Barbara A. Burke*

Signature

**BARBARA A. BURKE  
SPECIAL ASSISTANT SECRETARY**

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