

L05000115437

12-02-2005

04:08pm

From GREENBERG TRAUIG

T-010 P.001/003 F-354

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document

(((H05000277369 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : GREENBERG TRAUIG (WEST PALM BEACH)
Account Number : 075201001473
Phone : (561) 650-7900
Fax Number : (561) 655-6222

RECEIVED

05 DEC -2 AM 7:44

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

CW TWIN CREEKS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	033
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 DEC -2 A 7:01

FILED

Name Availability	
Document Examiner	DOC
Updater	DOC
Updater Verifier	DOC
Acknowledgment	DOC
W P.https://efile.sunbiz.org/scripts/efilcovr.exe	

Electronic Filing Menu

Corporate Filing

Public Access Help

12/2/2005

H05000277369 3

**ARTICLES OF ORGANIZATION
OF
CW TWIN CREEKS, LLC**

ARTICLE I - Name

The name of the Limited Liability Company is: CW TWIN CREEKS, LLC

ARTICLE II - Address

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

301 West Warner
Suite 118
Tempe, AZ 85284

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

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

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
Weston, FL 33331

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 in Chapter 608, Florida Statutes.

NRAI SERVICES, INC.

By: Mary Quinn

H05000277369 3

H05000277369 3


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.)


John E. Cork

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)

FILED
2005 DEC -2 A 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W:\m\211064561-01\05001248129

H05000277369 3