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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	CG Fini (Name of Limite	shing L.L.C ed Liability Company)	•	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.		
Please return all correspo	ondence concerning this matte	er to the following:		
Ck	ristopher R	. Gleasman		
	CG finish	ling L.L.C.		
	ı	(Firm/Company)		
	325 Heeche	(Address)  FL 32301  (State and Zip Code)		
_		(Address)		
Ta	llahassee,	FL 32301		_
	(City	/State and Zip Code)		
For further information c	oncerning this matter, please	call:		
Chris Gle	asman of Person)	at ( <u>850</u> ) <u>562</u> . (Area Code & Daytime Tel	ephone Number)	
Enclosed is a check for	r the following amount:			
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy: 8 (additional copy (senclosed)	. F . F .
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	AM II:	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:
CG finishing L.L.C.
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
Tall., FL 32301 Tall., FL 32301
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Christopher R. Gleasman
1525 Heechee Nene Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301 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, F.S
Registered Agent's Signature (REQUIRED)  Resistered Agent's Signature (REQUIRED)
(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Manag		Name and Address:	
MGRM	_	Christopher R. Gleasm 1525 Heechee Neve Tallahassee, FL 323	<u>an</u> 301
	<u>-</u>		
	_		
(Use attachment if	•	te of filing: <u>Jan. 4, 2006</u> .	OPTIONAL
ICLE V: Effective da			ive business
n effective date is list	ted, the date must be	e specific and cannot be more than i	
n effective date is list	ted, the date must be ne date of filing.)	e specific and cannot be more than i	
n effective date is list to or 90 days after th <u>REQUIRED</u> SIGN	ted, the date must be ne date of filing.)  NATURE:	R K. Heaswan an authorized representative of a member.	06 JAN I I SECRETARY TALLAHASSE

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)