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SECRETARY OF STATE TALLAHAS SEE, FLORIDA

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certificates of Status			
Special Instructions to Filing Officer:			
AL 1			

Office Use Only



400064720354

01/31/06--01028--010 **155.00

Rush, Marshall Johns and Kelly, P.A.

FLETCHER G. RUSH (1917-2003)
CHARLES V. MARSHALL (1929-1994)
CHARLES R. GEORGE, III (1950-2005)
DAVID B. JONES
ROGER A. KELLY
JAMES C. HINCKLEY
ROBERT S. HOOFMAN
LESLIE S. WHITE
ROBERT J. WATSON, JR.
RACHAEL M. CREWS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Magnolia Place 109 East Church Street, 5th Floor Post Office Box 3I46 Orlando, Florida 32802-3I46

407-425-5500 FACSIMILE 407-423-0554 E-MAIL JHINCKLEY@RUSHMARSHALL.COM

January 26, 2006

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: CGO Enterprises, LLC

Dear Sirs:

I enclose Articles of Organization for this LLC and a check for \$155.00.

Please file and send me a certified copy.

Very truly yours,

James C. Hinckley

JCH/wpf Encl.

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILETY COMPANY

ARTICLE I - Name:	SECRETARY OF STATE TALLAHASSEE. FLORIDA
The name of the Limited Liability Company is:	IALLANASSELTES
CJO Enterprises, LLC	
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
639 Overspin Drive	
Winter Park, FL 32789	•
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the reclinion E. Spurlin	ered Agent. You must designate an individual or another
Name	
639 Overspin Drive	
	ress (P.O. Box NOT acceptable)
Winter Park	_{FL} 32789
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signate	ure (REQUIRED)

(CONTINUED) Page 1 of 2

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

FILED

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

<u>Title:</u>	Name and Address:	. 2006 JAN 31 P 2: 4
"MGR" = Manager "MGRM" = Managing Member		SECRETARY OF STATE TALLAHASSEE, FLORID
MGRM	Clinton E. Spurlin 639 Overspin Drive Winter Park, FL 32789	
		A STATE OF THE STA
		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing:e specific and cannot be more th	(OPTIONAL) nan five business days prior
REQUIRED SIGNATURE:	4. 4.	
Signature of a member	r or an authorized representative of	a member.
(In accordance with sec	tion 608.408(3), Florida Statutes, the	execution

of this document constitutes an affirmation under the penalties of perjury

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)

Clinton E. Spurlin

that the facts stated herein are true.)