

Florida Department of State Division of Corporations Public Access System

2006 JUN -9 A 10: 29 SECRETARY OF STATE

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Division of Corporations

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

Prom:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CG Raven, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

	2006 JUN -9 A 10:
	2001
	LORIDA LIMITED LIABIETTY COMPANY SECRETOMPANY LORIDA LIMITED LIABIETTY COMPANY FLORIDA
	SECRETARIAN TO THE PROPERTY OF
AKIICLES OF ORGANIZATION FUR F	LORIDA LIMITED LIABIELT & COMPANY (TA)
ARTICLE 1 - Name:	LL, FLORII
The name of the Limited Liability Company is	
CG Raven, LLC	
(Must end with the words "Limited Liability Company, "Lim	ited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Belowin of Calley & Advenue	Malling Addison.
Principal Office Address:	Mailing Address:
3001 North Rocky Point Drive East, Suite 200	3001 North Rocky Point Drive East, Suite 200
Tampa, FL 33607	Tarupa, FL 33607
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regionshiess entity with an active Florida registration.) The name and the Florida street address of the	istered Agent, You must designate an individual or another
	. •
C T Corpore Nam	ation System
•	
1200 South Pin	
	ddress (P.D. Box <u>NOT</u> acceptable)
Plantation, Florida 33324 City, State, and Zip	
City, State	, and 4 p
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p accept the obligations of my position as res	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S
CT Corpor	ation System CONNIE BRYAN SPECIAL ASSISTANT SECRETARY

(CONTINUED)
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Registered Agent's Signature (REQUIRED)

FILED

	or Managing Member(s): ch Manager or Managing Member is as follows:
<u>Title:</u>	Name and Address:

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<u>Ikle:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGR	Curt Smiley 3001 North Rocky Point Drive Rast, Suite 2	200
`	Tampa, FL 33607	·
		
		· ·
		
		,

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Upon Filing .(OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

Marie E. Weichman, Paralegal, Authorized Representative Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- 5 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)

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