

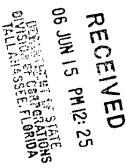
·(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phon	o #0
(Oil	y/Clate/Zip/P10III	σ π)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	·
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		,
		·

Office Use Only



600076037506

06/15/06--01027--015 **155.00



DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

OF JUN 15 PM 2: 27

BRYAN JUN 1 5 2006

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CRF- NSB, LLC	PH 2: 21
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
•	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
•	Dissolution / Withdrawal
	/ Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
o.g.m.c.ic	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	or PH
The name of the Limited Liability Company is:	
CRF - NSB, LLC	5 PH 2: 27
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
500 South Florida Avenue, Suite 700	500 South Florida Avenue, Suite 700
Lakeland, FL 33801	Lakeland, FL 33801
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register	

Peter A. McFarlane

Name

PETER A. McFARLANE, P.A.

500 South Florida Avenue, Suite 715

Florida street address (P.O. Box NOT acceptable)

Lakeland

FLORIDA 33801

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Anchor Investment Corporation of Fla. 500 South Florida Avenue, Suite 700 Lakeland, Florida 33801
	5 JUN 05 COR
	PH 2: 28

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

William D. Drost, Vice President of Manager
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)