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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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06 JUN 15 PM 12:25  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
06 JUN 15 PM 2:27  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

J. BRYAN JUN 15 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

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Signature

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Art of Inc. File

LTD Partnership File

Foreign Corp. File

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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

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
SECRETARY OF CORPORATIONS  
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06 JUN 15 PM 2:27

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CRF - NSB, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal 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, & Registered Agent's Signature:**

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

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

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Anchor Investment Corporation of Fla.  
500 South Florida Avenue, Suite 700  
Lakeland, Florida 33801

\_\_\_\_\_

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DIVISION OF CORPORATIONS  
06 JUN 15 PM 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)**