(Requestor's Name) (Address) (Address)	700077887097
(City/State/Zip/Phone #)	RECEIVED 06 MG - 2 PH 2:55 DIVISIONALLUMASSEE, FLORIDAS
Special Instructions to Filing Officer:	<b>FILED</b> <b>06 AUG - 2 AM 8: 54</b> SECRETARY OF SIATE TALLAHASSEE, FLORIDA



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REFERENCE : 284384 7291467

AUTHORIZATION :

COST LIMIT : \$ 155.00

- ORDER DATE : August 2, 2006
- ORDER TIME : 1:38 PM
- ORDER NO. : 284384-005
- CUSTOMER NO: 7291467

## DOMESTIC FILING

NAME: CREX-HEICO LLC

# EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - EXT. 2933

EXAMINER'S INITIALS:

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# CREX-HEICO LLC

(Must end with the words "Limited Linbility 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:

1901 Avenue of the Stars, Suite 400 Los Angeles, California 90067 1901 Avenue of the Stars, Suite 400 Los Angeles, California 90067

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liebility Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Plorida registration.)

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

Marc R. Gaylord, Esq.

Name

11700 SE Dixle Highway

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

Hobe Sound, FL 33455 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)

(CONTINUED) Page 1 of 2 ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Warren J. Kessler, Esq. 1901 Avenue of the Stars, Sulte 400 Los Angeles, California 90067

(Use attachment if necessary)

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ARTICLE V: Effective date, if other than the date of 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:

ann D. Kenle

Signature of a momber or an authorized representative of a member.

(In accordance with socion 608.408(3). Florida Statutes, the execution of this document constitutes an affirmation under the penaities of perjury that the facts stated herein are true.)

Warren J, Kessler

Typed or printed name of signee

Plling Feat

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)