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(Re	equestor's Name)
(Ad	ddress)
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(C i	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
. (Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer
	Office Use Only



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DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number	FCA00000017		
Reference: (Sub Account) Date:	12/28/06	TALLAHAR 28	
Requestor Name:	Carlton Fields		
Address:	Post Office Drawer 190 Tallahassee, Florida 32302		
Telephone:	(850) 513-3619 - direct (850) 224-1585		
Contact Name:	Kim Pullen, CLA		
Corporation Name:	CG Unit M	anzigerment, LLC.	
Entity Number: Authorization:	Lim Pui	<u> </u>	
Certified Copy New Filings Fictitious Name	Plain Stamped Copy Amendments	Certificate of Status Annual Report Registration	
(X) Call When Ready	(X)Call if Problem	() After 4:30	
(X) Walk In	() Will Wait	(X) Pick Up	
	Matter: 1236C Office: 700 51 C	نياريو چينانو	

TAL#501656.1

ARTICLES OF ORGANIZATION OF CG UNIT MANAGEMENT, LLC

The undersigned, acting as the authorized representative of the organizing member of limited liability company under the Florida Limited Liability Company Act, adopts the follower articles of organization for such limited liability company (the "Company"):

ARTICLE I
Name

The name of the Company is CG UNIT MANAGEMENT, LLC.

ARTICLE II Initial Principal Office Street and Mailing Address

The initial principal office street and mailing address of the Company is 2325 Ulmerton Road, Suite 20, Clearwater, Florida 33762.

ARTICLE III Initial Registered Agent and Office

The street address of the initial registered office of the Company is 4221 West Boy Scout Boulevard, Tampa, Florida 33607, and the name of its initial registered agent at that address is CFRA, LLC, a limited liability company organized and existing under the laws of the State of Florida.

ARTICLE IV Authorized Representative

The name and address of the authorized representative of the organizing member of the Company executing these articles of organization are:

Name

Address

Joel B. Giles

200 Central Avenue, Suite 2300 St. Petersburg, Florida 33701

Effective as of December ____, 2006.

JOEL B. GILES.

Authorized Representative

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in that capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the duties and obligations of the undersigned's position as registered agent.

Effective as of December _____, 2006.

REGISTERED AGENT:

CFRA, LLC

Ву: __

JOEL B. GILES, its Authorized Agent