L0600122729

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	SIK	,

Office Use Only



200082471972

06 DEC 28 PM 4: 35
SECRETARY OF STATE
AHASSEE, FLORIE

DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number	FCA00000017	,
Reference: (Sub Account)		
Date:	12 28 04	
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	ŕ
Corporation Name:	CG 1708, L	LC
Entity Number: Authorization:	Line Pill	le
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: 123600 Office: 848.	d s

TAL#501656.1

∴ s

ARTICLES OF ORGANIZATION OF CG 1708, LLC

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

ARTICLE I Name

The name of the Company is CG 1708, 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.

WELL 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

Bv:

JØEL B. GILES, its Authorized Agent