

01/24/2007

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FOWLER WHITE BURNETT

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FOWLER, WHITE, BURNETT, ET AL
Account Number : 071250001512
Phone : (305) 789-9200
Fax Number : (305) 789-9201

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CT CRIB, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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STATE OF FLORIDA

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TALLAHASSEE, FLORIDA

607-9559
al

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ARTICLES OF ORGANIZATION

OF

CT CRIB, LLC

ARTICLE I

The name of the limited liability company formed hereby is CT CRIB, LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

8244 N.W. 30th Terrace
Miami, Florida 33122

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Gabriel Faillace
8244 N.W. 30th Terrace
Miami, Florida 33122

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ARTICLE V

The Limited Liability Company shall be member-managed.



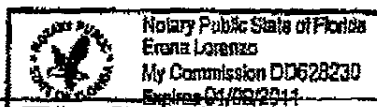
Gabriel Failace,
as Authorized Representative of the Members

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Before me personally appeared Gabriel Failace, as Authorized Representative of the Members,
☒ who is personally known to me, or ☐ who produced _____
as identification, to be the person who executed the foregoing Articles of Organization.

In witness whereof I have hereunto set my hand and official seal this 24 day of
January, 2007.



Notary Public

Print Name: Erena Lorenzo

My Commission expires: 01/09/2011

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**CERTIFICATE OF DESIGNATION
OF RESIDENT AGENT AND
ACCEPTANCE OF DESIGNATION**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:


1. The name of the limited liability company is CT CRIB, LLC.
2. The name and address of the Registered Agent and Office is:

Gabriel Faillace
8244 N.W. 30th Terrace
Miami, Florida 33122

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Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.



Gabriel Faillace, Registered Agent

Date: 1/24/07

CT CRIB, LLC

By: 

Gabriel Faillace,
as Authorized Representative
of the Members

Audit No. H07000021685 3

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