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| Certified Copies | _ Certificate | es of Status |
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| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|--|---|------------------------|
| SUBJECT: CGN INVESTMENTS, LLC | | | |
| | d Liability Company) | | |
| The enclosed Articles of Organization and fee(s) are s | ubmitted for filing. | | |
| Please return all correspondence concerning this matter | er to the following: | | |
| Michael K. Gold | | | |
| | Name of Person) | | |
| Ingwersen & Taylor, LLP | | | |
| | (Firm/Company) | | |
| 1200 Ashwood Parkway, Sui | te 300 | | |
| | (Address) | | |
| Atlanta, GA 30338-4747 | | | |
| (City | /State and Zip Code) | | |
| For further information concerning this matter, please | call: | 07 | SIAID |
| NO LONG COLL | 770 202 4022 | JAN | CRE 1 |
| Michael K. Gold (Name of Person) | at (770) 393-4933 (Area Code & Daytime Telepho | ne Number) | FILE ARY |
| , | | PH | SPP : |
| Enclosed is a check for the following amount: | | 5 | OF STATE RPORATIONS |
| \$125.00 Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status | Certified Copy Ce (additional copy is enclosed) | \$160.00 Filing Fee? rtificate of Status & ertified Copy ditional copy is enclosed) | ONS |
| Mailing Address Registration Section Division of Corporations | Street/Courier Address Registration Section Division of Corporations | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Compan | y is: | | |
|---|--|----------------------|-------------------------------------|
| CGN INVESTMENTS, LLC | | | |
| (Must end with the words "Limited Liability Company," | Limited Company" or their abbreviation "LLC," or ' | L.C.,") | |
| ARTICLE II - Address: | | | |
| The mailing address and street address of the | ne principal office of the Limited Liabil | ity Comp | oany is: |
| Principal Office Address: | Mailing Address: | | |
| 8949 Bridge Road | 8949 Bridge Road | | |
| Box 295 | Box 295 | | |
| Hobe Sound, FL 33455 | Hobe Sound, FL 33455 | | |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.) The name and the Florida street address of the Cecil Newsome | Registered Agent. You must designate an individual | or another 07 JAN 29 | FILE SECRETARY DIVISION OF CO |
| 10806 Ensign Court | t address (P.O. Box NOT acceptable) | PH 2: | OF STAI |
| Hobe Sound | FL 33455 ate, and Zip | 59 | SHO13 |
| | | | |

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

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.)

Cecil Newsome, Managing Member

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)

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