## L080000082700

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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DEPARTICIAT DE STATE. DIVISION OF CURPORATIONI TALL AHASSEE, FLORIDA

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**EXAMINER** 



UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528

**HOLD** FOR PICKUP BY **UCC SERVICES** OFFICE USE ONLY

IN	A LANGUAGE CONTRACTOR			4 20 2000
<b>W</b>	NVG 88 SEAKON			August 28, 2008
4	ERVICES	C	ORPORATION NAME (S) AND DOCUM	MENT NUMBER'S):
To see all	marka e a ta	CPEX Rea	al Estate Florida LLC	19 EC
				SEE OF
	Filing Evidence  Plain/Confirmation		<u>Type of Docume</u> ☐ Certificate of Star	
	□ Certified Copy		□ Certificate of God	od Standing
			□ Articles Only	
	Retrieval Reques  Photocopy  Certified Copy	<u>est</u>	☐ All Charter Docu Articles & Amen ☐ Fictitious Name (☐	dments
	NEW FILINGS		AMENDMENTS	
	Profit		Amendment	
	Non Profit		Resignation of RA Officer/Director	
X	Limited Liability		Change of Registered Agent	
	Domestication		Dissolution/Withdrawal	
	Other		Merger	
	OTHER FILINGS		REGISTRATION/QUALIFICATION	
	Annual Reports		Foreign	
	Fictitious Name		Limited Liability	
	Name Reservation		Reinstatement	

OTHER FILINGS
Annual Reports
Fictitious Name
Name Reservation
Reinstatement

REGISTRATION/QUALIFICATION
Foreign
Limited Liability
Reinstatement
Trademark
Other

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RIICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:
The name of the Limited Liability Company is:
CREX Peal Estate Florida LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:
The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address:
224 Datura Street 32 Court Street
West Palm Beach FL 33401 Brocklyn NY 1/201
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  NRAI Services, Inc.
Name
2731 Executive Park Drive, Suite 4
Florida street address (P.O. Box NOT acceptable)
Weston Ft 33331
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
NRAI Services, Inc.
By: / And /
Registered Agent's Signature (REQUIRED)
Can Classon ASST. Secretar

(CONTINUED) Page 1 of 2

<u> Fitle:</u>	Name and Address:
MGR" = Manager MGRM" = Managing Mem	her
	T. V. N. V.
MGRM	32 Court St - 22hd F1
	BK141, NY 11201
MGRM	R-11
7 10/15/1	32 Court St - 2201 F1
	BK/41. NY 1/201
WaRM	Jun Lane
	32 COUN St - 22nd FL
	BKlys, NY 11201
Use attachment if necessary	)
Use attachment if necessary	
LE V: Effective date, if other fective date is listed, the date	than the date of filing: (OPTIO
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ARTICLE IV- Manager(s) or Managing Member(s):

Page 2 of 2

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