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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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EXAMINER

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11/21/08--01035--009 **155.00

DANA M. SCHEER

50 E. Sample Road, Suite 401 Pompano Beach, Florida 33064 (954) 784-4140 (O) (954) 784-0534 (F) email: dmscheer@bmdfl.com

November 20, 2008

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

CFG FRUITVILLE, LLC

Dear Sir/Madame:

Enclosed, together with your check in the amount of \$155, is our cover letter and Articles or Organization for the above-referenced limited liability company. Please file same and return a certified copy to us at your earliest convenience, in the enclosed Federal Express envelope provided for your convenience.

Thank you for your cooperation.

Very truly yours,

Dana M. Scheer

DMS:omb

Enclosures

COVER LETTER

	Corporations		
SUBJECT:	CFG FRU	ITVILLE, LLC	
	(Name of Limit	ed Liability Company)	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all corn	respondence concerning this matt	ter to the following:	
	Dona	ald M. Farr	
		(Name of Person)	· · · · · · · · · · · · · · · · · · ·
	Cent	ury Bank FSB	
•		(Firm/Company)	
	1680	Fruitville Road	2008 NOV 21 SECRETAR TALLAHASS
		(Address)	AH OV
	Saras	sota, FL 34236	(34)<
	(Cit	y/State and Zip Code)	
For further informati	ion concerning this matter, please	e call:	I: 56 STATE LORIDA
Donald M. F	arr	at (941) 366-1050	
(N	ame of Person)	(Area Code & Daytime Telephone Nur	mber)
Enclosed is a check	k for the following amount:		
\$125.00 Filing Fe	e \$\square\$\$\$\$\$\square\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee, cate of Status & cd Copy hal copy is enclosed)
c	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address 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 Co.	mpany is:
CFG FRUITVILLE, LLC	
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1680 Fruitville Road	1680 Fruitvile Road
Sarasota, FL 34236	Sarasota, FL 34236

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or anothe. business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Dana M. Scheer

Name

50 E. Sample Road, # 400

Florida street address (P.O. Box NOT acceptable)

Pompano Beach, FL 33064

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..

Begistered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Barry W. Florescue	
	50 E. Sample Road, #400	
	Pompano Beach, FL 33064	
MGR	Donald M. Farr	
	1680 Fruitville Road	
	Sarasota, FL 34236	200
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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)

Typed or printed name of signee