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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
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EXAMINER				
V (Edward)				

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1000 Tallan Building Two Union Square Chattanooga, TN 37402 Tel 423.756.3000 www.cbslawiirm.com

Merle H. Koontz Tel 423.321.0304 Fax 423.508.1304 mkoontz@cbslawfirm.com

November 24, 2008

Via Federal Express

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: Articles of Organization for Florida Limited Liability Company

Dear Sir or Madam:

Enclosed for filing in your office are the original and one copy of the Articles of Organization for Florida Limited Liability Company for CBH IV, LLC. Also enclosed is our check in the amount of \$160.00 in payment of the \$125.00 filing fee the \$5.00 Certificate of Status and the \$30.00 Certified Copy fee.

We have enclosed a completed Federal Express Airbill for your ease in returning the Certificate of Status and the Certified Copy of the filed document to us. Your assistance is appreciated. If you have questions, please contact us at the phone number or e-mail address shown above.

Very truly yours,

Meile Hoonty Merle H. Koontz

Paralegal

Enclosures

cc, without enclosures, via fax:

cc, without enclosures, via e-mail

Mr. C. B. Harbour Mr. W. King Copler

00001 00/9727/MHK-005848 I

COVER LETTER

TO: Registration Se Division of Cor						
SUBJECT: CBH I	V, LLC					
30 b /ce1.	(Name of Limit	ed Liability Compa	any)			
The enclosed Articles of	Organization and fee(s) are	submitted for filing	g.			
Please return all correspo	ondence concerning this mat	ter to the following	;:			
Merle H.	Koontz					
- 		(Name of Person)				
Chamblis	s, Bahner & St	tophel, P.0	٥.			
		(Firm/Company)			-1 ~	
1000 Tallan Building, Two Union Sq					2008 NOV 25 SECRE YAR	_
		(Address)			HE N	***
Chattano	oga, TN 37 <u>4</u> 02	2-2500			C-1,([[
(City/State and Zip Code)					F S	•
For further information c	oncerning this matter, please	e call:			PH 1: 19 OF STATE FLORIDA	
Merle H. Koo	ntz	_at (_423				
(Name o	of Person)	(Area Cod	e & Daytime Tele	ephone Number)		
Enclosed is a check for	the following amount:					
S125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	ру	\$160,00 Filit Certificate of Certified Co (additional cop	of Status &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exc	ourier Address on Section of Corporations wilding ceutive Center Corec, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	3:	
CBH IV, LLC		
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the p	principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
620 McKenzie Avenue	P. O. Box <u>609</u>	
Panama City, Florida 32401	Hixson, Tennessee 37343	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.)	ed Office, & Registered Agent's istered Agent. You must designate an indivi	idual or another
The name and the Florida street address of the	registered agent are:	FIL 2000 NOV 25 SECRETAR) TALLAHASSI
Bill Hutto		FIL IDV 25 WHASSE
Name	e	
620 McKenzie Avenue		PH 1: 19
Florida street ac	ddress (P.O. Box <u>NOT</u> acceptable)	
Panama City, Flo	orida 32401	19 10 _A
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Name and Address: \overline{MGR} " = Manager "MGRM" = Managing Member MGR C. B. Harbour, III 620 McKenzie Avenue Panama City, Florida 32401 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.) W. King Copler Typed or printed name of signee Filing Fees:

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

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)