

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

TY CO. ₹

FLORIDA/FOREIGN LIMITED LIABILITY CO.

cr marketing, llc

ganteau mentana mentang kalanggan panjangan berang penggan penggan dan disab	ing dinapagasari (satistici) karturungan mengananan dinapaga
Certificate of Status	0
Certified Copy	1
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S. HAWKES

EXAMINER

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EMPIRE CORP KIT

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850-617-6381



December 22, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE CORPORATE KIT

SUBJECT: CR MARKETING, LLC

REF: W08000056336

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

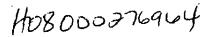
Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6955.

Suzanne Hawkes Regulatory Specialist II Registration Section FAX Aud. #: H08000276964 Letter Number: 708A00061199

P.O BOX 6327 - Tallahassee, Florida 32314

OB DEC 22 PM L:





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CRG MARKETING, LLC, a Limited Liability Company

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is [2]

Mailing Address:

2875 NE 191 s	Street/	287	5 NE 191	Street	
Suite_200		Sui	te 200		
AVENTURA FL	33180	– Āvē	ntura, F	ե 3318 0	
The Limited Liability Co.	gistered Agent, Reg inpuny cannot serve as its or clive Florida registration.)				
The name and the F	lorida street address (of the register	ed agent are:		
The name and the F	lorida street address o Sanford N. F	-v -	_		
The name and the F		Reinhard,	Esq.		
The name and the F	Sanford N. F	Reinhard, Road, Sui	Esq.		
The name and the F	Sanford N. F 1290 Weston Weston, FL	Reinhard, Road, Sui	Esq. te 201	cqnable)	
The name and the F	Sanford N. F 1290 Weston Weston, FL	Reinhard, Road, Sui 33326	Esq. te 201	 сунаbie)	

Hoving 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 Agant's Signature (REQUINED)

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

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

MGRM	Craig Studnicky
	2875 NE 191 Street, Suita 2002 Aventura, FL 33180
(Use attachment if neces	rsury)
	other than the date of filing: 12/22/2008 (OPTIONAL) a date must be specific and cannot be more than five business days prior ling.)

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 genalties of perjury that the facts stated herein are true.)

Filing Feer:

\$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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