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## **COVER LETTER**

TO:	Registration S Division of Co		
SURIFO	cr. Cred	it Tenant Properties L	LC .
PODOFIC	<u> </u>	. (Name of Limit	ed Liability Company)
The encl	osed Articles o	of Organization and fee(s) are	submitted for filing.
Please re	turn all corresp	condence concerning this mate	ter to the following:
	Brian L Mo	cSweeney	
-			(Name of Person)
	•		
			(Firm/Company)
	4051 Nort	h Ocean Boulevard N	No. 220
	-		(Address)
• se g	Fort Laude	erdale, FL 33308-646	1
	·		y/State and Zip Code)
For furth	er information	concerning this matter, please	e call:
Brian	L McSwee	eney	at ( 954 ) 561-6116
	Brian L McSweeney at (954) 561-6116 (Name of Person) (Area Code & Daytime Telephone Number)		(Area Code & Daytime Telephone Number)
Enclose	d is a check fo	or the following amount:	
<b>X)</b> \$125.0	O Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
		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

Credit Tenant Properties LLC		
(Must end with the words "Limited Liabilit	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The maning address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
4051 North Ocean Boulevard	Brian L McSweeney Credit Tenant Properties LLC	
Suite 220	4051 North Ocean Boulevard, No. 220	
Fort Lauderdale FL 33308-6461	Fort Lauderdale FL 33308-6461	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another	
	No.	-
InCorp Services, Inc.		i 3 
Name	E9 2	net or
17888 67th Court North	ress (P.O. Box NOT acceptable)	CHARLES OF THE PARTY OF THE PAR
Florida street addr	*ACC (U () NOV N(I) Consentable)	
	D'	
Loxahatchee	FL 33470	
	FL 33470	

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..

nice Jule on behalf of Incorp Services, Inc.
Registered 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:

Title:		Name and Address:			
"MGR" = Mana "MGRM" = Ma	ger naging Member				
MGR		Brian L McSweeney 4051 North Ocean Boulevard N Fort Lauderdale FL 33308-6461		- - -	
	<u> </u>			- -	
				- -	
· · · · · · · · · · · · · · · · · · ·	<del></del>			<i>-</i> -	
(Use attachment ICLE V: Effective a effective date is ling 90 days after the days	date, if other than the dasted, the date must be slate of filing.)	nte of filing:	(OPTIC usiness	)NAL days	) prior
	Signature of a member of	r an authorized representative of a member.	TALL SEG	09	-
	(In accordance with sectio	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	AHASSEE	JAN 23 PI	
	Brian L McSween	ney I or printed name of signee	1013.	PM II	Total Control
Filing Foos	••	- or branco nome or piblips	ORIDA	50	

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)