

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : LAW OFFICES OF HAN-RAILSTON, PLLC  
Account Number : 120050000196  
Phone : (813) 639-7575  
Fax Number : (813) 434-2348

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.****CP8, LLC**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
CP8, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is CP8, LLC.

**ARTICLE II - ADDRESS**

The street and mailing address of the principal office of the Limited Liability Company is:

13210 Little Gem Cir.  
Fort Myers, FL 33913

**ARTICLE III - REGISTERED AGENT**

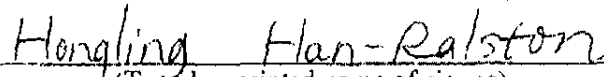
The name and the Florida street address of the initial registered agent are:

Law Offices of Han-Ralston, PLLC  
2202 N. West Shore Blvd., Suite 200  
Tampa, FL 33607

The undersigned has executed these Articles of Organization on the 1<sup>st</sup> day of October, 2009.

  
(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.)

  
(Typed or printed name of signer)

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

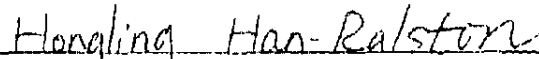
1. The name of the limited liability company is CP8, LLC.
2. The name and the Florida street address of the registered agent are:

Law Offices of Han-Ralston, P.L.L.C.  
2202 N. West Shore Blvd., Suite 200  
Tampa, FL 33607

*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.*

  
(Signature of the registered agent or her authorized representative)

(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.)

  
(Typed or printed name of signee)

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