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(Req	uestor's Name)	
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(City,	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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EFFECTIVE DATE 4 36 10



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D. BRUCE
APR 3 0 2010
EXAMINER

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: CG	Properties, LLC		
		ed Liability Company	
	of Organization and fee(s) are		
Howard Con	ner		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Person	
		Firm/Company	
3829 Brampto	on Island Ct N		
		Address	
Jacksonville			
		y/State and Zip Code	
hdconner@co		for future annual report notification)	
For further information	concerning this matter, please	•	
Howard Conner		at (904) 223-7880	
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check f	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:	
CGI Properties, LLC		
(Must end with the words "Limited Liab	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the p	rincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
Howard Conner	Howard Conner	
3829 Brampton Island Ct N	3829 Brampton Island Ct N	
Jacksonville FL 32224	Jacksonville FL 32224	
(The Limited Liability Company cannot serve as its own Regi- business entity with an active Florida registration.) The name and the Florida street address of the		
Howard Conner		
Name	•	
3829 Brampton Island Ct N		
Florida street address (P.O. Box NOT acceptable)		
Jacksonville	FL 32224	
City, S	tate, and Zip	
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S	

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

EFFECTIVE DATE 4 36 10

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Howard Conner
	3829 Brampton Island Ct N
	Jacksonville FL 32224
MGRM	Patrick Gergen
	15130 SE Newport Way Suite #101
	Bellevue WA 98006
MGRM	Justin T Hannah
	4381 West Flamingo Road Unit 51316
	Las Vegas NV 89103
(Use attachment if necessary) ARTICLE V: Effective date, if other than (If an effective date is listed, the date mu to or 90 days after the date of filing.)	the date of filing: April 26,2010 . (OPTIONAL) ast be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Coccember or an authorized representative of a member.
	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Howard Conner

that the facts stated herein are true.)

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

Typed or printed name of signee