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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON
OCT 13 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alta Bluff - C&W Venture, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

C. Cantzon Foster, II, Esquire
Name of Person

Foster Law Office, LLC
Firm/Company

3100 Devine Street
Address

Columbia, South Carolina, 29205
City/State and Zip Code

cantzon@fosterlawoffice.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. Cantzon Foster, II at (**803**) **400-1921**
Name of Person Area Code & Daytime Telephone Number

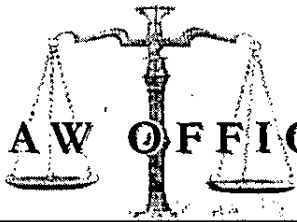
Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & 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 Circle
Tallahassee, FL 32301

FOSTER LAW OFFICE, L.L.C.



C. Cantzon Foster, II
Bryan D. Caskey

3100 Devine Street
Columbia, SC 29205
Telephone: (803) 400-1921
Facsimile: (803) 400-1951
www.fosterlawoffice.net

James E. Knight, Jr. *
James S. Guignard *

* Of Counsel

October 7, 2010

VIA FIRST CLASS MAIL

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Alta Bluff – C&W Venture, LLC
Our File No.: 10178

Dear Sir/Madam:

Please find enclosed an original and (1) copy of Articles of Organization for a Florida Limited Liability Company in connection with the foregoing matter, along with the associated filing fee of \$155.00. Please file the original and return the filed copy back to my office in the self-addressed envelope provided.

Thank you for your assistance, and please accept my kindest regards.

Sincerely,

A handwritten signature in black ink, appearing to read "B.D. Caskey".

Bryan D. Caskey

Enclosures (as stated)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alta Bluff - C&W Venture, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1621 Bay Road, #1208
Miami Beach, FL 33139

Mailing Address:

1621 Bay Road, #1208
Miami Beach, FL 33139

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

David Graham, Jr.

Name

1621 Bay Road, #1208

Florida street address (P.O. Box NOT acceptable)

Miami Beach, FL 33139

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)

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

David Graham, Jr.

1621 Bay Road, #1208

Miami Beach, FL 33139

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

David Graham, Jr.

Typed or printed name of signee

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)

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