

Division of Corporations

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000020539 3)))



H110000205393ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : COX & NICI
Account Number : I20000000223
Phone : (239) 254-0706
Fax Number : (239) 254-0709

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
11 JAN 25 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDAFLORIDA LIMITED LIABILITY CO.
C.B. BARON, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

FILED
11 JAN 25 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. MCLEOD

JAN 26 2011

EXAMINER

**ARTICLES OF ORGANIZATION
OF
C.B. BARON, LLC**

**ARTICLE I
NAME**

The name of this Limited Liability Company is C.B. BARON, LLC (the "Company").

**ARTICLE II
DURATION**

The period of duration for the Company is perpetual.

**ARTICLE III
ADDRESS**

The address of the principal office of the Company is:

7575 Pelican Bay Blvd. #1807
Naples, Florida 34108

**ARTICLE IV
MAILING ADDRESS**

The mailing address of the Company is:

One Live Oak Center
3475 Lenox Road, NE #970
Atlanta, GA 30326

**ARTICLE V
REGISTERED OFFICE AND AGENT**

The address of the initial registered office of this Company shall be 1185 Immokahee Road, Suite 110, Naples, Florida 34110, and its initial registered agent at such office shall be James R. Nici, Esq.

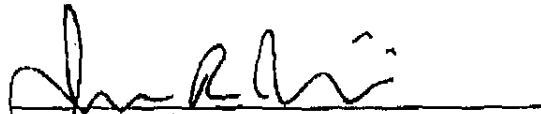
FILED
11 JAN 25 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI
MANAGEMENT

The Company is to be a Manager-Managed company and the name and address of the elected Manager who shall serve as Manager until the first annual meeting or until their successors are chosen are:

Ronald D. Balser
7575 Pelican Bay Blvd. #1807
Naples, Florida 34108

Dated effective as of January 25, 2011.


James R. Nici
Authorized Representative

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

1. The name of the Company is C.B. BARON, LLC.
2. The name and address of the registered agent and office is:

James R. Nici, Esq.
1185 Immokalee Road, Suite 110
Naples, Florida 34110

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.

Dated effective as of January 25, 2011.

By: _____

James R. Nici
Initial Registered Agent