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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-53682011 MAY 18 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

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11 MAY 18 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDAFLORIDA LIMITED LIABILITY CO.
CGJB I, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

T. CLINE

MAY 19 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CGIB I, 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:

KIRK A. HOOPINGARNER

Name of Person

WILDMAN, HARROLD, ALLEN & DIXON LLP

Firm/Company

225 W. WACKER DRIVE, SUITE 2800

Address

CHICAGO, IL 60606

City/State and Zip Code

HOOPINGARNER@WILDMAN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIRK A. HOOPINGARNER

Name of Person

at (312)

201.2625

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CGJB I, 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:

2385 PALM TREE DRIVE

PUNTA GORDA, FL 33950

Mailing Address:

2385 PALM TREE DRIVE

PUNTA GORDA, FL 33950

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:

GLEN MAYER

Name

2385 PALM TREE DRIVE

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

PUNTA GORDA FL 33950

City, State, and Zip

SECRETARY OF STATE
JAIL AHASSE, FLORIDA

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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.

GLEN MAYER

By:

Glen Mayer
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:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

MGRM

Name and Address:

THE GLEN MAYER TRUST DATED
DECEMBER 4, 2007, AND HIS

SUCCESSORS IN TRUST

2385 PALM TREE DRIVE

PUNTA GORDA, FL 33950

THE CATHERINE MAYER TRUST
DATED DECEMBER 4, 2007, AND HER

SUCCESSORS IN TRUST


2385 PALM TREE DRIVE

PUNTA GORDA, FL 33950

(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.)

GLEN MAYER, AS TRUSTEE OF THE GLEN MAYER TRUST

Typed or printed name of signer

DATED DECEMBER 4, 2007, AND HIS SUCCESSORS IN TRUST,

Filing Fees: MEMBER

\$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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TALLAHASSEE, FLORIDA

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