

08/22/2012 18:55

FAX

05 358

4

TE C E

001/006

Division of Corporations

Page 1 of 1

**L12000108251**

**Florida Department of State  
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.**

(((H12000211014 3)))



H120002110143ABCM

**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 : WHITE & CASE  
Account Number : 075410002143  
Phone : (305) 371-2700  
Fax Number : (305) 358-5744

RECEIVED  
12 AUG 22 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
C/N6, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	<b>\$155.00</b>

FILED  
12 AUG 22 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1548031-0016

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

12 AUG 22 AM 8:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**

**OF**

**C/N6, LLC**

Pursuant to Section 608.407 of the Florida Statutes, the undersigned hereby files these Articles of Organization as follows:

**ARTICLE I - NAME**

The name of the Limited Liability Company is **C/N6, LLC**.

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 135 San Lorenzo Avenue, Suite 750, Coral Gables, FL 33146.

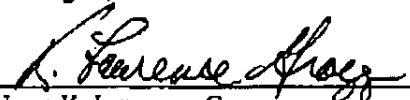
**ARTICLE III - INITIAL REGISTERED AGENT**

The street address of the initial Registered Office of this Company in the State of Florida shall be 135 San Lorenzo Avenue, Suite 750, Coral Gables, FL 33146. The name of the initial Registered Agent of this Company at the above address shall be K. Lawrence Gragg.

**ARTICLE IV - DURATION**

The period of duration for the Limited Liability Company is perpetual.

IN WITNESS WHEREOF, the undersigned authorized representative has hereunto set his hand and seal this 12 day of August, 2012.

  
\_\_\_\_\_  
Name K. Lawrence Gragg  
Title: Authorized Agent

**CERTIFICATE DESIGNATING REGISTERED AGENT  
AND REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement in designating the registered office/registered agent:

C/N6, LLC, desiring to organize as a limited liability company under the laws of the State of Florida has designated c/o 135 San Lorenzo Avenue, Suite 750, Coral Gables, FL 33146 as registered office and named K. Lawrence Gragg as the initial registered agent.

By: 

K. Lawrence Gragg  
Authorized Agent

Having been named Registered Agent for the above stated limited liability company, at the designated Registered Office, the undersigned hereby accepts said appointment and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the obligations of the undersigned's position as registered agent as provided for in Section 608.415, Florida Statutes.

By: 

K. Lawrence Gragg  
Registered Agent

FILED  
12 AUG 22 AM 8 02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA