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SECRETARY OF STATE
TALL AHASSEE FISHER

D. BRUCE

SEP 07 2012

EXAMINER

COVER LETTER

Name of Limited Liability Company	
ne enclosed Articles of Organization and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Thomas A. Bartolozzi	
Name of Person	
Taylor English Duma LLP	
Firm/Company	
1600 Parkwood Circle, Ste. 400	
Address	
Atlanta, GA 30339	12 S SECR ALLA
City/State and Zip Code	THE THE
tbartolozzi@taylorenglish.com	-6 1887 1887
E-mail address: (to be used for future annual report notification)	四月 主
For further information concerning this matter, please call:	AM 10: 32 OF STATE ELFLORID
Thomas Bartolozzi at (678) 336-7273	32 38
Name of Person Area Code & Daytime Telephone Numb	er

Mailing Address

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

Certificate of Status

Street/Courier Address

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status &

(additional copy is enclosed)

Certified Copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		ı
The name of the Limited Liability Compan	y is:	
CR1 Management, 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	ne principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
CR1 Management, LLC	CR1 Management, LLC	
4969 Roswell Road	4969 Roswell Road	
Sandy Springs, GA 30342	Sandy Springs, GA 30342	
ARTICLE III - Registered Agent, Regist The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.) The name and the Florida street address of the Mark Stillman	Registered Agent. You must designate an individu	
~		12 CI may 12 V
·	ame	NOVEL NO EU ANIO: OF STA OF LOR
1630 King Arth	ur Circle	98 9 P
Florida stree	t address (P.O. Box NOT acceptable)	32
Maitland	_{FL} 32751	
Cit	y, 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)

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

(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.)

Mark J. St. Ilman
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)