## 140000 52978

(Re	questor's Name)	
(Ad	dress)	,
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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TO ACKEDITEDEE

HELPONING OF KUCKET TO STATE SO DEFILE STATE OF THE STATE

B. BOSTICK
MAY 2 2 2014
EXAMINER



ACCOUNT NO. : I2000000195
REFERENCE : 141928 7826756
AUTHORIZATION :
COST LIMIT : \$ 125.00
ORDER DATE: May 20, 2014
ORDER TIME : 5:07 PM
ORDER NO. : 141928-005
CUSTOMER NO: 7826756
DOMESTIC FILING
NAME: CRYSTAL RIVER ABG, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP  XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight - EXT. 62956
EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Crystal River ABG, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2040 King Air Court Port Orange, FL 32128	4216 Dewitt Ave Mattoon, IL 61938
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)  The name and the Florida street address of the registered agency.	egistered Agent. You must designate an individual or
Corporation Service Company Name	
1201 Hays Street Florida street address (P.O. Box 1	NOT acceptable)
Tallahassee	FL 32301
City	Zip
the place designated in this certificate. I hereby accept to capacity. I further agree to comply with the provisions of	ice of process for the above stated limited liability company at he appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605 F.S.

(CONTINUED)

Suc G. Knight
Registered Agent's Signature (REQUIRED) Assistant Vice President

Page I of 2

<u>Title:</u> "AMBR" = Authorized	Mamhar	Name and Address:	
"MGR" = Manager	i Wichidei		
Authorized Member	<u>.</u>	ABG Real Estate, LLC	
		4216 Dewitt Ave	
		Mattoon, JL 61938	
	-		
	-		
	_		
(Use attachment if nece	• .		
CLE V: Effective date, if of effective date is listed, the	other than the date of fi	iling: (OPTIONAL) c and cannot be more than five business days prior to or 90 d	lays
CLE V: Effective date, if a effective date is listed, the te of filing.) CLE VI: Other provisions,	other than the date of fi e date must be specifi if any.	c and cannot be more than five business days prior to or 90 d	iays
CLE V: Effective date, if a effective date is listed, the te of filing.) CLE VI: Other provisions,	other than the date of fi e date must be specifi if any.	iling: (OPTIONAL) c and cannot be more than five business days prior to or 90 d	iays
CLE V: Effective date, if a effective date is listed, the te of filling.) CLE VI: Other provisions,	other than the date of fi e date must be specifi if any.	c and cannot be more than five business days prior to or 90 d	iays
CLE V: Effective date, if of effective date is listed, the te of filing.) CLE VI: Other provisions,  REQUIRED SIGNAT	other than the date of fire date must be specific if any.	c and cannot be more than five business days prior to or 90 d	iays
CLE V: Effective date, if of effective date is listed, the te of filing.)  CLE VI: Other provisions,  REQUIRED SIGNAT  S  (In accordant constitutes at I am aware the	if any.  FURE: Signature of a member ce with section 605.02 in affirmation under the hat any false information.	c and cannot be more than five business days prior to or 90 d	lays

Page 2 of 2

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)