16:45

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.

(((H16000278498 3)))



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

From:

Division of Corporations Fax Number : (850)617-6381

Account Name

: PYLE & DELLINGER, PL.

Account Number : I20000000053

: (386)615-9007

Phone

: (386)676-2615

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

FLORIDA LIMITED LIABILITY CO.

CG Nettle Creek, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H16000278498 3)))

ARTICLES OF ORGANIZATION OF CG NETTLE CREEK, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 605, *Florida Statutes*, hereby executes the following Articles of Organization.

ARTICLE I

The name of the Limited Liability Company is CG NETTLE CREEK, LLC.

ARTICLE II ADDRESS

The street address and the mailing address of the principal office of the Company is 5300 S. Atlantic Ave., Unit 19202, New Smyrna Beach, FL 32169.

ARTICLE III REGISTERED OFFICE AND AGENT

The name of the Registered Agent is **Michael A. Galiardi** and Florida street address of the registered agent is **5300 S. Atlantic Ave., Unit 19202, New Smyrna Beach, FL 32169.**

ARTICLE IV MANAGEMENT

The Company is managed by a Manager. The person initially appointed as Manager is **Michael A. Gallardi.**

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this 10 may day of November, 2016.

Michael A. Galiardi

STATE OF FLORIDA COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this day of November, 2016, by **Michael A. Galiardi**, who is personally known to me, or presented a Florida drivers license or a drivers license or a as identification.

ASIREY M. SUZ

ANY COMPLICACION A FF 117002

EXPERIMENTAL COMMENTS COMMENTS

Ashley N. Duz (Printed Name)

My Commission Expires:

(((H16000278498 3)))

(((H16000278498 3)))

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 605, Florida Statutes.

Michael A. Galiardi, Registered Agent

16 NOV 14 AMII: 24