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Florida Department of State
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FLORIDA LIMITED LIABILITY CO.
CG Woodpoint, LLC

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**ARTICLES OF ORGANIZATION
OF
CG WOODPOINT, 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
NAME**

The name of the Limited Liability Company is **CG WOODPOINT, 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**

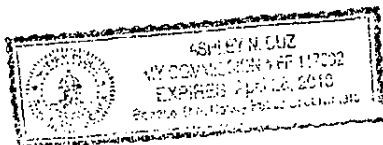
The Company is managed by a Manager. The person initially appointed as Manager is **Michael A. Galiardi**.

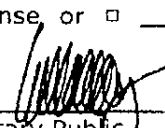
IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this 10th day of November, 2016.


Michael A. Galiardi

**STATE OF FLORIDA
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this 10th 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 ☐ _____ identification.




Notary Public
Ashley N. Duz
(Printed Name)
My Commission Expires:

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TALLAHASSEE, FLORIDA

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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

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