

L1400045863

(Requestor's Name)

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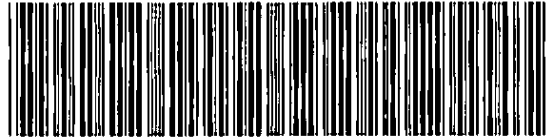
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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 079849 4362065

AUTHORIZATION :



COST LIMIT : \$ 155.00

ORDER DATE : February 21, 2018

ORDER TIME : 3:54 PM

ORDER NO. : 079849-005

CUSTOMER NO: 4362065

DOMESTIC FILING

NAME: CDS GLP V LLC

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
XX ☒ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Article I

The name of the Limited Liability Company is:

CDS GLP V LLC

Article II

The street address of the principal office of the Limited Liability Company is:

240 AVIATION DRIVE NORTH
SUITE 200
NAPLES, FLORIDA 34104

The mailing address of the Limited Liability Company is:

240 AVIATION DRIVE NORTH
SUITE 200
NAPLES, FLORIDA 34104

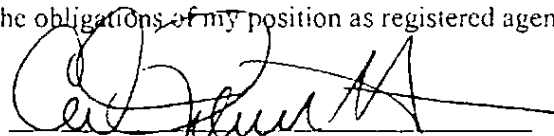
Article III

The name and Florida street address of the registered agent is:

CLEVE D. SHERRILL
240 AVIATION DRIVE NORTH
SUITE 200
NAPLES, FLORIDA 34104

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.

Registered Agent Signature:


Cleve D. Sherrill

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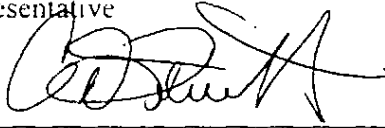
Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
CLEVE D. SHERRILL
240 AVIATION DRIVE NORTH, SUITE 200
NAPLES, FLORIDA 34104 US

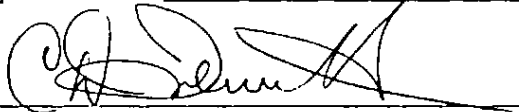
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Signature of member or an authorized representative



Member or authorized representative: _____

Signature: _____



I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.