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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:

FLORIDA LIMITED LIABILITY CO. **CURMAC REAL ESTATE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

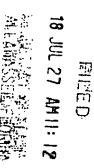
Help

	COVERLETTER
	w Filing Section vision of Corporations
SUBJECT:	Curmac Real Estate, LLC
oolace1.	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please retur	a all correspondence concerning this matter to the following:
	Roger A. Stong, Esq,
•	Name of Person
	Crowe & Dunlevy, A Professional Corporation
•	Firm/Company
	Braniff Building, 324 North Robinson Avenue, Suite 100
·	Address
	Oklahoma City, OK 73102
	City/State and Zip Code
r	oger.steng@crowedunlevy.com
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
1 _	Roger A. Stong, Esq., 405 239-6614
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
S125.00 Fil	sing Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR"	TICL	F I	- Na	me.

The name of the Limited Liability Company is:

Curmac Real Estate, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LL.C."

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6003 Perrine Ranch Road	PO Box 1509
New Port Richey, FL 34655	Norman, Oklahoma 7307 i
	· · · · · · · · · · · · · · · · · ·

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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

another business entity with an active Florida registration.)

Capitol Corporate Services, Inc.
Name

515 East Park Avenue, 2nd Floor

Florida street address (P.O. Box NOT acceptable)

Tallahassec FL 32301

City State 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 dutles, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

HA.A

Krista Abair, Asst. Sec. on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

18 JUL 27 AM III: IZ

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### AMBR, MGR David Curry	Titie:	Name and Address:		
AMBR, MGR David Curry 6003 Perrine Ranch Road New Port Richey, FL 34655 AMBR, MGR Evan Taylor Maconi 6003 Perrine Ranch Road New Port Richey, FL 34655 Evan Taylor Maconi 6003 Perrine Ranch Road New Port Richey, FL 34655 LE V: Effective date, if other than the date of filing: (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) Receive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after of filing.) (The date inserted in this block does not meet the applicable stantory filing requirements, this date will not be listed as unent's effective date on the Department of State's records. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of an authorized payresentative of a member. This document is executed in accordance with faction 605.0203 (1) (b), Florida Statutes. I am aware that any false information-stofmitted in a document to the Department of State constitutes a third degree filing as provided for in 3.817.155, F.S. Roger A. Stong, Authorized Representative 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)				
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