## L19000035065

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

|             | New Filing Section<br>Division of Corporations |   |           |          |  |
|-------------|--|---|-----------|----------|--|
| eun ir c    | CG Prop 2, LLC                                 |   |           |          |  |
| SUBJEC      | Nai  | Name of Limited Liability Company   |           |          |  |
| The encl    | osed Articles of Organization and              | fee(s) are submitted for filing.  |           |          |  |
| Please re   | turn all correspondence concernir              | ng this matter to the following:  |           |          |  |
|             | Joan Calderon                                  |   |           |          |  |
|             |  | Name of Person  | -         |          |  |
|             | <del></del>                                    |   | _         |          |  |
|             |  | Firm/Company  |           |          |  |
|             | 7800 11th St N                                 |   |           |          |  |
|             | Address  |   |           |          |  |
|             | Saint Petersburg, FL 33702                     |   |           |          |  |
|             |  | City/State and Zip Code   | - EB -    | 를:<br>일: |  |
|             | joe_calderon@live.com                          |   | - <u></u> | (37      |  |
|             | E-mail address! (b                             | o be used for future annual report notification)  | Pill L.   | - 100 G  |  |
| For further | information concerning this mat                | ter, please call:   | ∓<br>⊝    | 25       |  |
|             | Joan Calderon                                  | 813 650 1527  | N)        |          |  |
|             | Name of Person                                 | Area Code Daytime Telephone Number  |           |          |  |
|             | is a check for the following amo               | Fee & \$155.00 Filing Fee & \$160.00 Filing Fee.  |           |          |  |
|             | — Certificate of S                             | Status — Certified Copy — Certificate of Status & Certified Copy (additional copy is enclosed) — Certified Copy (additional copy is enclosed) |           |          |  |
|             | Mailing Address New Filing Section             | Street Address New Filing Section   |           |          |  |

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| CG Prop 2, LLC (Must contain the words "Limited Liabili                     | ity Company, "L.L.C" or "LLC.")      |
|---|--------------------------------------|
| E II - Address:<br>ng address and street address of the principal office of | of the Limited Liability Company is: |
| Principal Office Address:   | Mailing Address:                     |
| 7800 11th St N  | 7800 11th St N                       |
| Saint Petersburg, FL 33702  | Saint Petersburg, FL 33702           |
|   |                                      |

7800 11th St N
Florida street address (P.O. Box NOT acceptable)

Saint Petersburg Florida 33702
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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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|---|----|----|---|----|----|
|   |    |    |   |    |    |

The name and address of each person authorized to manage and control the Limited Liability Company:

| Title   |  | Name and Address:  |
|---|--|--|
|   | BR" = Authorized Member  |  |
|   | R" = Manager   | Joan Calderon  |
| Aivi  | BR   | 7800 11th St N   |
|   |  | Saint Petersburg, FL 33702   |
|   |  | Saut Petrison E. 11. 55762   |
| AMI   | 3R   | Calderon Group LLC   |
|   |  | 7800 11th St N   |
|   |  | Saint Petersburg, FL 33702   |
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|   |  |  |
| (Use  | attachment if necessary)                                       |  |
| If an effective<br>he date of fili<br><u>Note:</u> If the d | e date is listed, the date must be specifi<br>ng.)             | c and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as tate's records.   |
| ARTICLE VI  | : Other provisions, if any.                                    |  |
| RFC   | DUIRED SIGNATURE:  |  |
|   |  |  |
|   | This document is executed it<br>I am aware that any false info | er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes, ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S. |
|   | JOAN CALDERON  |  |
|   | JOHN CHUIDINGIN  | <del></del>  |
|   | Т  | yped 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)

\$ 5.00 Certificate of Status (Optional)