

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
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.
CLG DISPOSITION LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

10:31:14
2021

2021 SEP 27 PM 2:20

FILED

**ARTICLES OF ORGANIZATION OF
CLG DISPOSITION, LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

NAME

The name of the Limited Liability Company is CLG Disposition, LLC (the "Limited Liability Company").

ARTICLE II

ADDRESS

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

6862 Sandalwood Lane
Naples FL 34109

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the Limited Liability Company's registered agent are as follows:

Blake S. Crawford
6862 Sandalwood Lane
Naples FL 34109

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 of the Florida Statutes.

/s/ Blake S. Crawford
Blake S. Crawford,
Registered Agent

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CLG DISPOSITION, LLC
6862 SANDALWOOD LANE
NAPLES, FL 34109

ARTICLE IV
MANAGEMENT

The Limited Liability Company shall be manager-managed. The sole manager of the limited liability company and his address are as follows:

Blake S. Crawford
6862 Sandalwood Lane
Naples FL 34109

Date: September 27, 2021

/s/ Blake S. Crawford
Blake S. Crawford,
Authorized Person

This document is executed in accordance with Section 605.0203(1)(b) of the Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155 of the Florida Statutes.

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