

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : DORCEY LAW FIRM, PLC
Account Number : I20230000134
Phone : (239)418-0169
Fax Number : (239)418-0048

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

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
CGC Property Holdings, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

25 FEB 12 PM 9:22

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TALLAHASSEE, FLORIDA

Electronic Filing Menu

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Help

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((H25000054129 3)))

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CGC Property Holdings, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael A. Scott
Name of Person

Dorcsey Law Firm, PLC
Firm/Company

10181 Six Mile Cypress Pkwy Ste C
Address

Fort Myers, FL 33966
City/State and Zip Code

support@dlfregisteragent.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael A. Scott 239 418-0169
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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DIVISION OF STATE
DUES
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CGC Property Holdings, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6755 W SR 80

LABELLE, FL 33935

6755 W SR 80

LABELLE, FL 33935

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 another business entity with an active Florida registration.)

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

DLF Registered Agent Service, LLC

Name

10181 Six Mile Cypress Pkwy Ste C

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

Fort Myers

FL

33966

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.

/s/ Michael A. Scott

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Tifton Glenn Holt
6755 W SR 80 LABELLE, FL 33935

MGR

Craig Hampton
6755 W SR 80 LABELLE, FL 33935

MGR

Solon Crews Mills Jr.
6755 W SR 80 LABELLE, FL 33935

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

/s/Tifton Glenn Holt

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), 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 s.817.155, F.S.

Tifton Glenn Holt

Typed or printed name of signer

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)

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