# L10000009194

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinent value)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only

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10 JAN 22 AM II: 27
SECRETARY OF STATE

D. BRUCE
JAN 2 6 2010
EXAMINER

# **COVER LETTER**

TO:

**Registration Section** 

Division of C	Corporations						
SUBJECT:	Crawford C	onstr	uction C	ompany	LLC.		
,	Name of Lim	ited Lia	bility Comp	any			
The enclosed Articles	of Organization and fee(s) ar	e submit	tted for filin	g.			•
Please return all corre	spondence concerning this ma	atter to ti	he following	g:			
			rawford			· _ · · · · · · · · · · · · · · · · · ·	_
		Name	of Person				
	Crawford Co	onstru	ction Con	npany LL	C.		
		Firm/	Company				
	1063	35 Wor	odland Di	rive			
<del> </del>			idress				_
						AE SE	<del>-</del>
			lorida 34			<del>- \</del>	= -
		•	②yahoo.c			AS A	₹ 5 ;
	E-mail address: (to be used	for futur	re annual repo	ort notification	1)	SE -	र ।
For further information	on concerning this matter, plea	se call:				OF SI	<b>₹</b> [
	rl Crawford	at (_		)	326-2677	Dm -	3
Nam	se of Person		Area Code	e & Daytime T	elephone Number	r	
Enclosed is a check	for the following amount:						
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	C	55.00 Filin ertified Cop dditional copy		Certified (	e of Status &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registrati Division Clifton B 2661 Exe	ourier Addry ion Section of Corporati Building ecutive Cente see, FL 3230	ons er Circle		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lin	ne: nited Liability Company	is:	
	Crawford Constructi	on Company LLC.	
(Mu:	st end with the words "Limited Li	iability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Add	dress:		
The mailing address	s and street address of the	principal office of the Limited	l Liability Company is:
Principal Office A	ddress:	Mailing Address:	
Karl Crawford		Karl Crawford	
10635 Woodland	Drive	10635 Woodland Drive	
Hudson, Florida 3	4669	Hudson, Florida 34669	<del></del>
(The Limited Liability Corbusiness entity with an ac	mpany cannot serve as its own Rective Florida registration.)  lorida street address of the	red Office, & Registered Agen egistered Agent. You must designate an in er registered agent are: Crawford	
		me	DD
	40005 Mary 41 - 14 - 14 - 15 - 15		MH1:27 OF STATE FLORID
10635 Woodland Drive Florida street address (P.O. Box NOT acceptable)			RET 2
		<del></del>	7 DA
-	Hudson, Florida 3466 City, State		
	City, State	e, and Zip	
liability compan registered agent an statutes relating to	y at the place designated i d agree to act in this capa o the proper and complete	to accept service of process for t in this certificate, I hereby accep wity. I further agree to comply w performance of my duties, and i egistered agent as provided for i	ot the appointment as with the provisions of all I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

### Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manag	ger	Name and Address:
"MGRM" = Mar		
MGR		Mari Crawfard
IVIGIC	<del>_</del>	Karl Crawford
		10635 Woodland Drive
		Hudson, Florida 34669
	_	
		<del>.</del>
	<del></del>	
(Use attachment	if necessary)	
•	• ·	a data of Glino: 01/21/10 (OPTIONA
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LE V: Effective ffective date is list days after the days	date, if other than the ted, the date must be te of filing.)  GNATURE:  Signature of a member of this document considerations.	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury SSR
LE V: Effective ffective date is list days after the days	date, if other than the ted, the date must be te of filing.)  GNATURE:  Signature of a member (In accordance with series)	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury rein are true.)
LE V: Effective ffective date is list days after the days	date, if other than the ted, the date must be te of filing.)  GNATURE:  Signature of a member of this document constitute the facts stated here	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury SSR

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)