

K2200017467

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To:

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

From:

Account Name : RASI
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****Enter the email address for this business entity to be used for future
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Handwritten signature/initials

2022 MAY 17 AM 11:24

FLORIDA LIMITED LIABILITY CO.

Croftwood Holdings LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2022 MAY 17 AM 1:25

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Croftwood Holdings LLC

(Must end with 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:

4107 Pinewood Rd

Melbourne FL 32934

4107 Pinewood Rd

Melbourne FL 32934

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

Joseph Mustazza

Name

4107 Pinewood Rd

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

Melbourne

FL

32934

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.

Joseph Mustazza

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Joseph Mustazza

4107 Pinewood Rd

Melbourne FL 32934

(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:

Joseph Mustazza

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.317.155, F.S.

Joseph Mustazza

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)