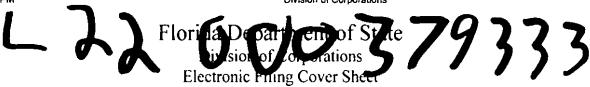
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC Account Number : I20170000097 Phone : (727)279-5037

Fax Number

: (727)888-1294

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

Support@flpatellaw.com Email Address:

FLORIDA LIMITED LIABILITY CO.

4674 Crestpoint Way, LLC

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

Electronic Filing Menu

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COVER LETTER

Tuesday, August 30, 2022

To: New Filing Section
Division of Corporation

Subject: 4674 CRESTPOINT WAY, 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:

FL Patel Law PLLC 360 Central Avenue 8th Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail: Jamie Primeau 727-279-5037 or e-mail at Support@fipatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

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ARTICLES OF ORGANIZATION

FOR

4674 CRESTPOINT WAY, LLC

A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. Name

The name of the Limited Liability Company is: 4674 Crestpoint Way, LLC (the "Company").

ARTICLE II.

The principal office and mailing address of the Company is:

5563 Trevesta Place Palmetto, FL 34221

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC 360 Central Avenue Suite 800 Saint Petersburg, FL 33701

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 performances of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for incomplete 605, F.S.

FLP RA Services LLC (sign)

17278881294

ARTICLE IV. **Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address
AMBR = Authorized Member MGR = Manager	
MGR	Jean-Philippe Stead 5563 Trevesta Place Palmetto, FL 34221
MGR	Bernard Brunelle 5563 Trevesta Place Palmetto, FL 34221

ARTICLE V.

The Effective date shall be the date of filing.

Jean-Philippe Stead (sign)

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.

Jean-Philippe Stead Authorized Representative/Member