

L04000012530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

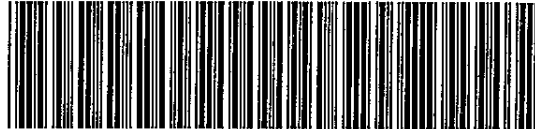
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800027999578

02/05/04--01056--014 **310.00

RECEIVED
TALLAHASSEE, FLORIDA

04 FEB -5 AM 9:00

FILED

[Handwritten signature]

STEVEN A. SCIARRETTA, P.A.
ATTORNEYS AT LAW

KAREN M. SCIARRETTA
STEVEN A. SCIARRETTA
'LL.M. IN TAXATION

GLADES TWIN PLAZA
2300 Glades Road, Suite 302E
Boca Raton, Florida 33431
TELEPHONE: (561) 368-7978
TOLL FREE: (800) 545-8454
TELEFAX: (561) 368-8502

Asset Protection
Business and Taxation Planning
Probate Administration
Trusts and Estate Planning

VIA NEXT DAY UPS

February 4, 2002

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: CROSSINGATE, LLC
4C CRESENT, LLC

Dear Sir/Madam:

Please find enclosed for filing two (2) Original Article of Organization, for each of the above referenced Limited Liability Companies.

Also enclosed is our check for \$310.00, made payable to the Florida Department of State, which represents the \$200.00 filing fees, \$50.00 for Designation of Registered Agent fees and \$60.00 for Certified Copy fees, one for each entity.

Please forward the completed paperwork to me at the address noted above.

Thank you for your prompt cooperation.

Sincerely,

STEVEN A. SCIARRETTA, P.A.


Steven A. Sciarretta

SAS/dc
Enclosures

FILED
04 FEB -5 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME

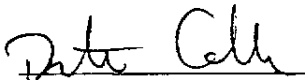
The name of the Limited Liability Company ("Company") is: **4C CRESENT, LLC**

ARTICLE II – PRINCIPAL ADDRESS

The mailing address and street address of the principal place of business of the Company is:
c/o Peter Collins 10628 St. Andrews Road, Boynton Beach, FL 33436

ARTICLE III – REGISTERED AGENT

The name and the Florida street address of the Registered Agent are:
Peter Collins
10628 St. Andrews Road
Boynton Beach, FL 33436

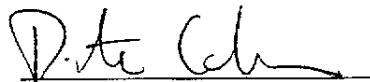

Peter Collins – I hereby agree to act as Registered Agent

FILED
04 FEB -5 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who are to serve as manager(s) is/are:

Peter Collins
10628 St. Andrews Road
Boynton Beach, FL 33436


Peter Collins