

LLC COST RECOVERY SERVICE

web site: www.costrecoveryservices.com

April 20, 2000

To: Florida Dept of State

Subject: Application for LLC

Please accept this application for LLC. Included is a check for \$125.00 for the filing fees.

Any questions or correspondence should be sent to

Rita J. Weichert
14131 SW Archer Lane
Archer, FL 32618

Phone 352-495-8411

300003219283--0
-04/21/00-01114-018
***125.00 ***125.00

Ms Weichert and I are members/partners in this LLC.

Thank you.

Sincerely,

Don Robertson



FILED
00 APR 21 PM 4: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100-4933

Name	OK 5-1
Availability	OK
Document	OK
Examiner	OK
Updater	OK
Updater	OK
Verifier	OK
Acknowledgment	OK
W. P. Verifier	OK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CRS LLC

ARTICLE II - Address:

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

14131 SW Archer Lane
Archer, FL 32618

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Rita J. Weichert Rita J. Weichert
Name
14131 SW Archer Lane
Florida street address (P.O. Box **NOT** acceptable)
Archer FL 32618
City, State, and 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 608, F.S..

Rita J. Weichert
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)
Donald C. Robertson
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DONALD C. ROBERTSON
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

FILED
00 APR 21 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA