

L 01000003748

Requester's Name Deborah Crews
Address 11307 North Thomas Dr.
City/State/Zip Macedonia Fla. Phone # 904-259-7818

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. CREWS REALTY, LLC
(Corporation Name) (Document #)

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2001 MAR 12 PM 2:45	(Corporation Name)	(Document #)
2001 MAR 12 PM 2:43	(Corporation Name)	(Document #)
2001 MAR 12 PM 2:43	(Corporation Name)	(Document #)

FILED
01 MAR 12 PM 2:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

4/3/12

- ☒ Walk in ☐ Pick up time ☒ Certified Copy
☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

100003831251--7
-03/12/01--01103--013
****465.00 ****155.00

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CREWS REALTY, LLC

ARTICLE II - Address:

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

11307 N. THOMAS DRIVE
MACLENNY FL 32063

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

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

DEBORAH CREWS
Name
11307 N. THOMAS DRIVE
Florida street address (P.O. Box **NOT** acceptable)
MACLENNY FL 32063
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..

Deborah Crews
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.)

/s/ Deborah Crews
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.)

DEBORAH CREWS
Typed or printed name of signer

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)

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