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**Solutions**

PMB 465  
2316 Pine Ridge Rd  
Naples, FL 34109

1/28

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)
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TALLAHASSEE, FLORIDA

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

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**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

Examiner's Initials

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is Crumbles Concessions L.L.C.

**ARTICLE II – Address:**

~~The mailing address and street address of the principal office of the Limited Liability~~  
Company is 10271 St. Patricks Lane, Bonita Springs, Florida 34135

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's  
Signature:**


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

**Debra Crum**

**10271 St. Patricks lane**

**Bonita Springs, FL 34135**

Having been names 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 provision 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.



**Registered Agent's Signature**

**ARTICLE IV –Management:**

The Limited Liability Company is NOT to be managed by one manager or more managers and is, therefore, NOT a manager – managed company.



**Signature of Member**

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

**Debra Crum**

**Typed Name of Signee**

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