## DUBOSE 5025 DILES RD#202 COCONT GREEK PL 33073 Phone #

Office Use Only

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

1.		
(Corporation Name) 2.	(Document #)	8000053131886 -04/22/0201060010 ****125.00 ****125.00
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☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy	☐ Certified Copy ☐ Certificate of Status
NEW FILINGS	<b>AMENDMENTS</b>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R Change of Regis Dissolution/With Merger	
OTHER FILINGS	REGISTRATION/C	<u>DUALIFICATION</u>
Annual Report Fictitious Name	Foreign Limited Partners Reinstatement Trademark Other	hip

CR2E031(7/97)

**Examiner's Initials** 

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

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

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

Cronomarc Trading LLC

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**ARTICLE I - Name:** 

ARTICLE II - Address:

The name of the Limited Liability Company is:

5025 WILES RD # 202 COCONUT CREEK, FL 33073

TO D. NOT eccentable)
Florida street address (P.O. Box NOT acceptable)
CONT CACK II
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
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)
Signature of a member or an authorized representative of a member.
Signature of a member of all auditorized representative of a member of
(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.)
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)