

LB4 0000 19808

(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



900028523349

03/05/04--01057--018 **125.00

FILED
MAR 5 PM 1:55
TALLAHASSEE FLORIDA

LB4-19808
al

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crews-ing Chair Company,LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stanley R. Crews
(Name of Person)

Crews-ing Chair Company, LLC
(Firm/Company)

21524 Webbwood Ave.
(Address)

Port Charlotte, Fl 33954-3856
(City/State and Zip Code)

For further information concerning this matter, please call:

Stanley Crews at (941) 627-1900
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR - 5 PM 1:55

FILED

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Crews-ing Chair Company, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

21524 Webbwood Ave.

Same

Port Charlotte, FL 33954

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

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

STANLEY R. CREWS

Name

21524 WEBBWOOD AVE

Florida street address (P.O. Box **NOT** acceptable)

Port Charlotte FLORIDA 33954

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR -5 PM 1:55

FILED

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, Florida Statutes..

Stanley R. Crews
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM
MGRM

Name and Address:

Stanley R. Crews
21524 Webbwood Ave.
Port Charlotte, Fl 33954-3856

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Stanley R 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.)

Stanley R Crews

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR -5 PM 1:55

FILED

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)