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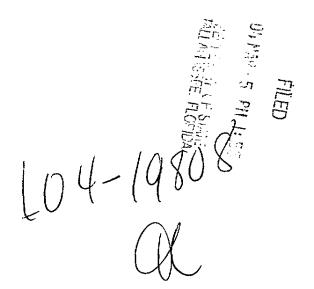
(Red	questor's Name)	
(Add	dress)	<u>,</u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	





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TRANSMITTAL LETTER

	egistration Section ivision of Corporations	
SUBJECT	: Crews-ing Chair Company,LLC	
	(Name of Limited Liability Company)	
The enclose	ed 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)	
21	524 Webbwood Ave.	
	(Address)	
	Port Charlotte, FI 33954-3856	
	(City/State and Zip Code)	- Alco
For further information concerning this matter, please call:		AHASSEE
Stanley (rews _{st.} 941 , 627-1900	<u></u>

STREET ADDRESS:

(Name of Person)

Registration Section Division of Corporations 409 E. Gaines Street Taliahassee, Florida 32399

(Area Code & Daytime Telephone Number)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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, F1. 33954		
The name and the Florida street address of the STANLES Nam 21534 WE Florida street address (I	red Office, & Registered Agent's Signature: de registered agent are: HAR CREWS FINE BUOOP AUC P.O. Box NOT acceptable) FINE FLORIDA 33954 re, and Zip	FLED

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..

Otanley R breeve Registered Agent's Signature

> Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u>	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MORIN			
MOMR-	Stanley R. Crews		
	21524 Webbwood Ave.		
	Port Charlotte, FI 33954-3856		
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(Use attachment if necessary)		经正	TAR.
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NOTE: An additional article must be	added if an effective date is requested.	50	
		至三	ហ
REQUIRED SIGNATURE:		Srii	G;
40	. 1		
Off and	Lan and		
Signature of a member or an au	thorized representative of a member.		
/			
(In accordance with section 608,4	108(3), Florida Statutes, the execution		
of this document constitutes an af	firmation under the penalties of periury		
that the facts stated herein are tru	e.)		
StanletyR Crews			
Typed or prin	ited 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)