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(Re	questor's Name)		
(Ad	diess)		
(Ad	dress)	······································	
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to I	Filing Officer:		

Office Use Only

WOY 70733



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MJH

TRANSMITTAL LETTER

	gistration Section vision of Corporations	
21	valor of edipotations	
SUBJECT:	Crescent Laundry LLC	
	(Name of Limited Liability Company)	
The enclose	d Articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	Roy Campbell	_ <u>_</u>
	(Name of Person)	
	Crescent Laundry LLC	
	(Firm/Company)	
65 L	ewis Bivd.	
	(Address)	
	St. Augustine, FL. 32084	
	(City/State and Zip Code)	
For further i	information concerning this matter, please call:	
Roy Campl	bell at (904) 377-5000	÷
	(Name of Person) (Area Code & Daytime Telephone Number)	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 25, 2004

ROY CAMPBELL CRESCENT LAUNDRY LLC 65 LEWIS BLVD. ST. AUGUSTINE, FL 32084

SUBJECT: CRESCENT LAUNDRY LLC

Ref. Number: W04000020233

We have received your document for CRESCENT LAUNDRY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 304A00036611

De la company de la contraction de la contractio

ARTICLE'S OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Crescent Laundry 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:		
6975 A1A S. Suite 1	65 Lewis Bivd.		
St. Augustine, FL	St. Augustine, FL		
32080	32084		
ARTICLE III - Registered Agent, Registere The name and the Florida street address of the Roy Campbell	ed Office, & Registered Agent's Signature: e registered agent are:	f.com	
ARTICLE III - Registered Agent, Registere The name and the Florida street address of the Roy Campbell Nam	ed Office, & Registered Agent's Signature: e registered agent are:	-	
ARTICLE III - Registered Agent, Registere The name and the Florida street address of the Roy Campbell Nam 65 Lewis Blvd.	ed Office, & Registered Agent's Signature: cregistered agent are:		

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 6Q8, Florida Statutes..

egistered 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:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member	·	
MGRM	Roy Campbell,	
	65 Lewis Blvd.	
	St. Augustine, FL., 32084	
MGRM	Terrence L. Parker	
	511 W. Towles Ave., Suite 1	
	Palatka, FL. 32177	
MGRM	Gary Alderman	
	65 Lewis Blvd.	
	St. Augustine, FL	
		
/FT // 1 / 20 S		
(Use attachment if necessary)		
NOTE: An additional article must	be added if an effective date is requested.	
The second secon		
REQUIRED SIGNATURE:		
	1 /////	
_/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Signature of a member or ar	n authorized representative of a member.	
(In accordance with section 6	08.408(3), Florida Statutes, the execution	
of this document constitutes a	n affirmation under the penalties of perjury	
that the facts stated herein are	true.)	
Koy Camph	e//	
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)