

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000162995 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

: (850)205-0383 Fax Number

From:

Account Name

: ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.

Account Number : 076624003440

Phone

: (305)444-5226

Fax Number

: (305)442-4829

LIMITED LIABILITY COMPANY

CRAWFORD RESIDENCES LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

lacisoria Pidu Variu

COMPANION PROPERTY.

Public Assessment Walls

https://efile.sunbiz.org/scripts/efileovr.exe

H04000162995 3

ARTICLES OF ORGANIZATION

<u>OF</u>

CRAWFORD RESIDENCES LLC.

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I NAME

The name of this Limited Liability Company is: CRAWFORD RESIDENCES LLC.

ARTICLE II GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's prisiness will continue without regard to the death, retirement, resignation, expulsion, bankruptcy of dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV

The principal office and mailing address of this Limited Liability Company in the State of Florida is 2330 PONCE DE LEON BLVD., SUITE 203, CORAL GABLES, FL 33134. The Board of Managers may from time to time move the principal office to another address in Florida.

H04000162995 3

H04000162995 3

ARTICLE V REGISTERED OFFICE, REGISTERED AGENT

That CRAWFORD RESIDENCES LLC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates GUILLERMO CEDENO, as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2330 PONCE DE LEON BLVD., SUITE 203, CORAL GABLES, FL 33134.

ARTICLE VI MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The Initial Manager shall be CARONDELET LLC., of 2330 PONCE DE LEON BLVD., SUITE 203, CORAL GABLES, FL 33134.

9th day of August, 2004	in Miami-Dade County, State of Florida, this The Manager CARONDER TYPIC, By:	
	Guillermo Cedeno, Member	
STATE OF FLORIDA) SS: COUNTY OF MIAMI-DADE)	ZESE OF	
PERSONALLY appeared before me, GUILLERMO CEDENO, the Manager of CARONDELET SLLC., the Manager of CRAWFORD RESIDENCES LLC., for and on behalf of the entity, who produced as identification, or is personally known to the who being by me first duly proint, acknowledge that she signed the same for the purposes therein expressed.		
acknowledge that she signed the same for the purposes the WITNESS my hand and seal at Miami-Dade Cou	unty, Florida/this 9th day of August, 2004.	
WARREST DEFINITION THE PROPERTY OF THE PROPERT	NOTARY SUBLIC, STATE OF FLORIDA AT LARGE	

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That CRAWFORD RESIDENCES LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, designates GUILLERMO CEDENO as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2330 PONCE DE LEON BLVD., SUITE 203, CORAL GABLES, FL 33134.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

The Registered Agen

GUILLERMO CEDEN

Date: August 9, 2004

HIO: 58