

L040000 72459

ERIC Haugdahl

(Requestor's Name)

922 E. Lafayette

(Address)

Suite F

(Address)

TAL. FL. 01 878.0215

(City/State/Zip/Phone #)

☐

PICK-UP

☒

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

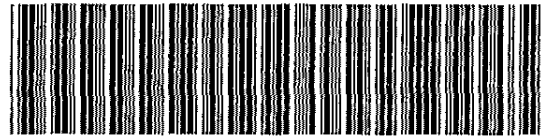
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

10/6
must



700041483947

10/06/04--01042--013 **125.00

FILED
04 OCT -6 PM 2:11
RECEIVED
04 OCT -6 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DEPT. OF STATE
DIVISION OF REGISTRATIONS

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Crosby Real Estate, LLC

ARTICLE II - Address:

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

Principal Office Address:

8729 DL Crosby Lane

Tallahassee, FL 32310

Mailing Address:

8729 DL Crosby Lane

Tallahassee, FL 32310

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

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

Eric James Haugdahl, Esq.

Name

922 E. Lafayette Street, Suite F

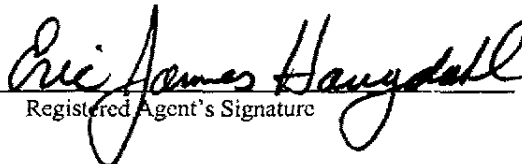
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FLORIDA 32301

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, Florida Statutes..


Registered Agent's Signature

FILED
04 OCT -6 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name and Address:

MGRM

Dennis R. Crosby

8729 DL Crosby Lane

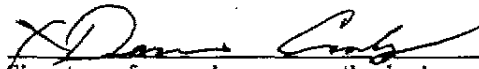
Tallahassee, FL 32310

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

DENNIS CROSBY

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)

FILED
04 OCT -6 PM 2:11
TALLAHASSEE, FL
SECRETARY OF STATE