

Feb-08-2005 03:00pm

From-DAVID WILLIAMS LAW FIRM PA

302-575-0925

T-397 P.001/002 F-787

L050000 / 3301

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-0925

05 FEB -8 PM 3:32

DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

Crowne Custom Painting LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Feb-08-2005 03:00pm
FROM :

From-DAVID WILLIAMS LAW FIRM PA
FAX NO. :

302-575-0925

T-397 P.002/002 F-787
May. 07 2004 12:50AM P1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: **Crowne Custom Painting LLC**

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **12021 Villanova Dr., Apt. 105, Orlando, FL 32837**

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

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

**Agents and Corporations, Inc.
Suite E, 773 4th Avenue North
Naples, FL 34102**

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, F.S.


Registered Agent's Signature

ARTICLE IV – Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

ARTICLE V – Manager/Member(s):

The initial Manager(s)/Member(s) of the Limited Liability Company shall be:
**Mike Snellenberger
12021 Villanova Dr., Apt. 105
Orlando, FL 32837**


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.)

Mike Snellenberger
Typed or printed name of signee

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