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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

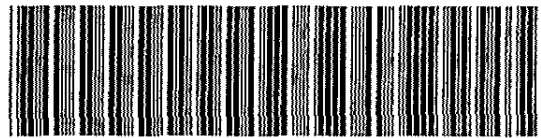
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/28/05
Cust

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAROLLO, CROZIER, & OPDYKE LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JASON OPDYKE

(Name of Person)

CAROLLO, CROZIER, & OPDYKE LLC

(Firm/Company)

4830 NW 43rd St Suite A7

(Address)

GAINESVILLE, FL 32606

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JASON OPDYKE

(Name of Person)

at (352) 377-7712

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:

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

MAILING ADDRESS:

X
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLE I

The name of the Limited Liability Company is:
Carollo, Crozier, & Opdyke LLC

ARTICLE II

The street address of the principle office of the Limited Liability Company is:

Carollo, Crozier, & Opdyke LLC
21537 Southwest 87th Court
Miami, FL 33189

The mailing address of the Limited Liability Company is:

Carollo, Crozier, & Opdyke LLC
21537 Southwest 87th Court
Miami, FL 33189

ARTICLE III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS


ARTICLE IV

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

PATRICK CROZIER
21537 SOUTHWEST 87TH COURT
MIAMI, FL 33189

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.

Registered Agent Signature

 CROZIER

ARTICLE V (next page)

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Article V- Managers or Managing Members:

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

Title:

"MGR"= Manager

"MGRM"= Managing Member

Name and Address:

MGRM

Joe Carollo

1626 Northwest 90th Terrace

Gainesville, FL 32606

MGRM

Jason Opdyke

4830 NW 43rd St A7

Gainesville, FL 32606

MGRM

Patrick Crozier

21537 Southwest 87th Court

Miami, FL 33189

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.)

Jason Opdyke

Typed or printed name of signee

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