

L05000022592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

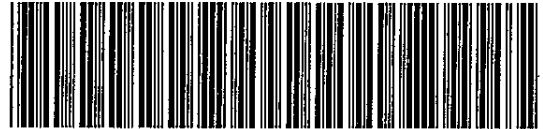
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

up  
03/07/05

March 1, 2005

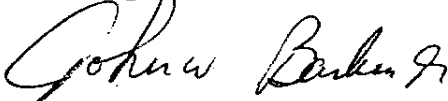
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir,

Enclosed is my application for articles of organization for Florida Limited Liability Company. You may contact me as follows:

John W. Barber, Jr.  
1514 Bernita Street  
Jacksonville, Florida 32211  
Phone: (904) 744-4067

Best Regards,



John W. Barber, Jr.

Enclosed: Application

JWB/ae

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

CRCI . LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

1514 Bernita Street  
Jacksonville, FL 32211

#### Mailing Address:

1514 Bernita Street  
Jacksonville, FL 32211

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

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

John W. Barber, Jr.

Name

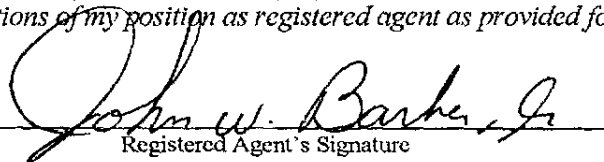
1514 Bernita Street

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

Jacksonville FL 32211

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,*

  
Registered Agent's Signature

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(CONTINUED)

**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:**

<u>MGRM</u>	<u>John W. Barber, Jr.</u>
	<u>1514 Bernita Street</u>
	<u>Jacksonville, Florida 32211</u>
<u>                    </u>	<u>                                    </u>
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(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.)

John W. Barber, Jr.

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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