

L05000023683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP_ ☐ WAIT ☐ MAIL

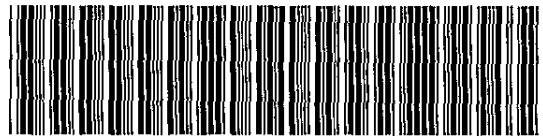
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

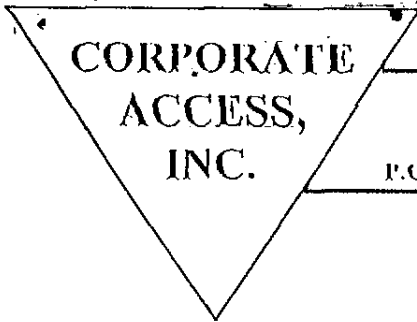


700047546477

03/09/05--01027--021 **125.00

FILED
05 MAR -9 PM 1:58
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED
05 MAR -9 PM 1:58
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



236 East 6th Avenue Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

WALK IN

PICK UP

3/9/05 *Handwritten signature*

FILED
05 MAR - 9 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFIED COPY

CUS

☒ PHOTO COPY

☒ FILING *LLC*

- 1.) *Cristal Clear Vessel Leasing, LLC*
(CORPORATE NAME & DOCUMENT #)
- 2.) _____
(CORPORATE NAME & DOCUMENT #)
- 3.) _____
(CORPORATE NAME & DOCUMENT #)
- 4.) _____
(CORPORATE NAME & DOCUMENT #)
- 5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

PAGE 04
05 MAR - 9 PM 1:58
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Cristal Clear Vessel Leasing, LLC**ARTICLE II - Address:**

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

Principal Office Address:2704 Via Murano
Clearwater, FL 33764**Mailing Address:**2704 Via Murano
Clearwater, FL 33764**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Cristal Coleman

Name

138 Redwing RoadFlorida street address (P.O. Box **NOT** acceptable)Tavernier, FL 33070

FL

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, F.S.



Registered Agent's Signature

(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:

MGRM

Cristal Coleman

2704 Via Murano

Clearwater, FL 33764

(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.)

Cristal Coleman

Typed or printed name of signer

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)