Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

Account Name

: FRANK H. FEE, III, ESQUIRE

Account Number: I19990000154 Phone

: (772)461-5020

Fax Number

: (772)468-8461

S

LIMITED LIABILITY COMPANY

Crippen Properties, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02_ |
| Estimated Charge | \$130.00 |

Electropic Filing Menu

Corporate Filipa

https://efile.sunbiz.org/scripts/efilcovr.exe

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: CRIPPEN PROPERTIES, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Principal Office Address: 945 Wagner Place 945 Wagner Place Fort Pierce, Florida 34982 Fort Pierce, Florida 34982 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: FRANK H. FEE, III, ESQUIRE 401 South Indian River Drive Plorida street address (P.O. Box NOT acceptable) Fort Pierce, FL 34950 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 1998, F.S. Registered Agent's Signature (CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

| NDISH C. CRIPPEN Wagner Place Pierce, Florida 34982 |
|---|
| Wagner Place |
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| Dioroa Elevida 3/092 |
| Fierce, Fibrida 34802 |
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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 508,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FRANK H. FEE, III, ESQUIRE, Authorized Representative

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- S 30.80 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETALY OF STATE SALE AND ANALYSIES. FLORID

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