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OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

FILED

TO: Registration Section  
Division of Corporations

05 MAR 28 AM 11:28

SUBJECT:

CRAWFORD WOODWORKS 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:

BRUCE E CRAWFORD  
(Name of Person)

CRAWFORD WOODWORKS LLC.  
(Firm/Company)

1523 GOLF BEACH Hwy LOT #18  
(Address)

PENSACOLA FLORIDA 32507  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRUCE CRAWFORD at 850.525-7520  
(Name of Person) (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:

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

05 MAR 28 PM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CRAWFORD WOODWORKS L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

1523 GULF BEACH Hwy  
LOT #18  
PENSACOLA FL 32507

**Mailing Address:**

1523 GULF BEACH Hwy  
LOT #18  
PENSACOLA FL 32507

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

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

BRUCE E CRAWFORD  
Name

1523 GULF BEACH Hwy Lot #18  
Florida street address (P.O. Box **NOT** acceptable)

PENSACOLA FL 32507  
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..*

B E Crawford  
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:

**FILED**

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

05 MAR 28 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

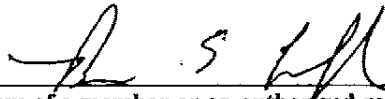
MGRM

BRUCE E CRAWFORD  
1523 GULF BEACH HWY LOT #18  
PENSACOLA FL 32507

(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.)

BRUCE E CRAWFORD

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)