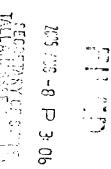
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(Ad	ddress)	
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(Ci	ty/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cray Estate Management 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:
Vecas A (Trans) (Name of Person)
(array 1-State Management Le
17735 SW DOLL Street
Miramar F1, 33029 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (754) 214-9252 From www. (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status □ Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

(TAS ESTATE Management LLC

ARTICLE II - Address:

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

ARTICLE I - Name:

Principal Office Address:	Mailing Address:
17735 SW 26th Street Miramar, Fl. 33029	Office address.
ADDICI E III Desirent A cont Desirent	Off. 6 Decident 4 45 Cin 4

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

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

Name

177355W. J. Hreet

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

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)

The name and address of each Manager or Managing Member is as follows:		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
Mgm. Vecas A Correy	17735 SW. 20th Street Miramar, FL3342	
	TACE 25	
(Use attachment if necessary)	CORE AND	
NOTE: An additional article must l	be added if an effective date is requested.	
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.	
of this document constit that the facts stated he	tion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury crein are true.) Shaped or printed name of signer	
Filing Fees:	1	

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)