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(Requ	uestor's Name)	
(Addr	ess)	<u> </u>
(Addı	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doci	ument Number)
Certified Copies	_Certificate	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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COVER LETTER '

TO: Registration Sec Division of Cor		_	
STRUCT: Crofto	n Meadows De	velopment, L.L.C	C .
SOBJECT.		Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
Richard	C. Terry		
	(ì	Name of Person)	
Crofton I		elopment, L.L.C	
	C	Firm/Company)	
5976 20	th Street #150)	
		(Address)	
<u>Vero Be</u>	each, Florida 3	32966	
	(City/	State and Zip Code)	
For further information of	concerning this matter, please	call:	
Richard C. T	erry	at (772 473-09 Area Code & Daytime To	98
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check fo	r 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
Crofton Meadows Development, L.L (Must end with the words "Limited Liability Company, "Limited			
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Co	mpany	y is:
Principal Office Address:	Mailing Address:		
564 Bayharbor Terrace Sebastian, Florida 32958	5976 20th Street #150 Vero Beach, Florida 32966	-	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate an individual or anoth		DIVI
The name and the Florida street address of the re	egistered agent are:	SEP 12 PM	SECONO SE
Richard C. Terry		=	유통
Name		:\ <u>`</u>	COR
5976 20th Street #150		TŘ.	508 508
Florida street add	ress (P.O. Box NOT acceptable)	2:-	A
Vero Beach City, State, a	FL 32966	ယ	NS.
City, State, a	nd Zip		
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered Agent's signate.	nis certificate, I hereby accept the appoint I. I further agree to comply with the provi I formance of my duties, and I am familiar	ment a sions c with a	s of all md

(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:

<u> [Title:</u> "MGR" = Manager	Name and Address:
MGRM" = Managing Member	
MGR	Richard C. Terry
	5976 20th Street #150
	Vero Beach, Florida 32966
and the state of t	
(Use attachment if necessary)	

REQUIRED SIGNATURE:

Signature of a member of 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.)

Richard C. Terry

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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