

L05000111701

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000267183 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : A.B.S. OF JACKSONVILLE, INC.
Account Number : I20010000215
Phone : (904) 777-1533
Fax Number : (904) 777-1717

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV 17 AM 11:24

FILED
AND
FILED

LIMITED LIABILITY COMPANY

Crews Contracting, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

RECEIVED
05 NOV 17 PM 1:10
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing

Public Access Help

1105000067183 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: **Crews Contracting, LLC**

ARTICLE II. ADDRESS:

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

7820 Baymeadows Road E #824
Jacksonville, FL 32256

**ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE:**

The name and Florida street address of the registered agent are:
Christopher J. Crews, MGR.
7820 Baymeadows Road E #824
Jacksonville, FL 32256

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place of 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, Florida Statutes.


Christopher J. Crews, Registered Agent

11/17/05
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV 17 AM 11:24

APPROVED
AND
FILED

ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):

The name(s) and address(es) of each Manager or Managing Member is as follows:

Title:
MGR.

Name and Address:
Christopher J. Crews
7820 Baymeadows Road E #824
Jacksonville, FL 32256

1105000067183 3

...H05000267183 3

REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 17 day of Nov, 2005.

X Christopher J. Crows
Christopher J. Crows, Member

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

APPROVED
AND
FILED

05 NOV 17 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H05000267183 3