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TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration Division of	Section Corporations		
SUBJECT:	CRISGIA PR	OPERTIES, LLC	
	(Name of Limite	d Liability Company)	***
The enclosed Articles	s of Organization and fee(s) are s	submitted for filing.	
Please return all corre	espondence concerning this matte	er to the following:	
<del></del>	<del></del>	RT J. WARD	
	(	Name of Person)	
		ROPERTIES, LLC	20 JA 24 R 11:01
	1	(Firm/Company)	至量型
	1922 MCKIN	NLEY STREET	1 2 LE
<del></del>		(Address)	門里
	HOLLYWOOD	D, FLORIDA 330	020 震 5
<del></del>	(City	/State and Zip Code)	DA
For further information	on concerning this matter, please	call:	
ROBER	T J. WARD	at ( 954 ) 927-51	00
(Na	me of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check	for the following amount:		
<b>☑</b> \$125.00 Filing Fe	ee \$\int \$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 Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	ERTIES, LLC		
CRISGIA PROPI	ERTIES, LLC		
(Must end with the words "Limited Liability Company, "Limi	ited Company" or their abbreviation "LLC," or "L.C.,"		
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1922 MCKINLEY STREET	1922 MCKINLEY STREET		
HOLLYWOOD, FLORIDA 33020	HOLLYWOOD, FLORIDA 33020		
The name and the Florida street address of the ROBERT J.	. WARD		
1922 MCKINLEY STREET			
Florida street address (P.O. Box NOT acceptable)			
HOLLYWOOD City, State,	FL 33020 and Zip		
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S		

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

## 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 "MGRM" = Managing Member	Name and Address:
MGRM MGRM	ROBERT J. WARD  1922 MCKINLEY STREET  HOLLYWOOD, FLORIDA 33020
MGRM	CONCETTA WARD  1922 MCKINLEY STREET  HOLLYWOOD, FLORIDA 33020
The second secon	
(Use attachment if necessary)	
	nte of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Robert	J. Ward
(In accordance with section	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)
	BERT J. WARD d 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)