

L 06000033883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

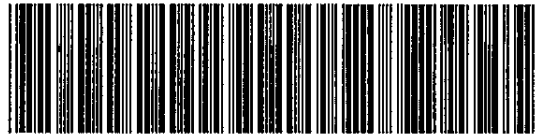
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]
3/31

Office Use Only



300068156973

US 31/06--01014--023 **180.00

03/MAR 31 PM 2:04

06/MAR 31 PM 3:15 PM 2:04

RECEIVED
STATE OF MASSACHUSETTS
DEPT. OF REVENUE
TAX DIVISION
BOSTON, MA 02126

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crutchfield's Cleaning
(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:

Heather Crutchfield
(Name of Person)
Crutchfield's Cleaning
(Firm/Company)
4 Shepherdwood Rd.
(Address)
Crawfordville FL 32327
(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Crutchfield at 920 921 4202
(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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

06 MAR 31 PM 2:04
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Crutchfield's Chaping LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

4 Shepherdwood Rd
Crawfordville, FL
32327

Mailing Address:

4 Shepherdwood Rd
Crawfordville FL
32327

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Heather Crutchfield
Name
4 Shepherdwood Rd
Florida street address (P.O. Box **NOT** acceptable)
Crawfordville FL 32327
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.

Heather Crutchfield
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

06 MAR 31 PM 2:04
CLERK OF STATE
TALLAHASSEE, FL 32307

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

~~MGRM~~ MGRM

MGRM

MGR

Amanda Davis
105 Provo place
Crawfordville, FL 32327

Lisa Pollock
105 Provo place
Crawfordville, FL 32327

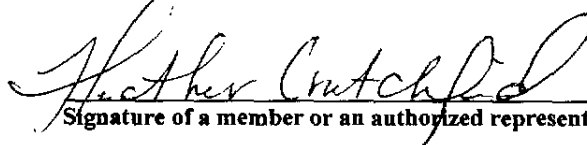
Heather Crutchfield
4 Shepherdwood Rd.
Crawfordville

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Heather Crutchfield

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)

06 MAR 31 PM 2:04
STATE OF FLORIDA
CLERK OF SUPERIOR COURT
TALLAHASSEE, FL 09107