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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE OIVISION OF CORPORATIONS

S. Tedrox VIII. 3.3 Mile

COVER LETTER

TO:	Registration Solution of Co			
SUBJI	ECT: CRH, L	LC OI SILL		
		(Name of Limite	d Liability Company)	
The en	closed Articles o	of Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
	Christina E)umas		
		(Name of Person)	
		(Firm/Company)	
	1458 Oce	anshore Blvd. #200)	
		· · · · · · · · · · · · · · · · · · ·	(Address)	
	Ormond E	Beach, FL 32176		
			/State and Zip Code)	
F 6	41		.11	
ror tur	ther information	concerning this matter, please	call:	
Jorda	an Shepphe	rd	at (541) 749-078 (Area Code & Daytime T	0
	(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclos	sed is a check fo	or the following amount:		
✓ \$125	5.00 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CRH, LLC		_	
(Must end with the words "Limited Liability Compan	y, "Limited Company" or their abbreviation "LLC," or "L.C.	,")	
ARTICLE II - Address:			
The mailing address and street address of	of the principal office of the Limited Liability	Compa	my is:
Principal Office Address:	Mailing Address:		
1458 Oceanshore Blvd. #200	Same as Principal Office Address		
Ormond Beach, FL 32176			
		_	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Christina Dumas		AUG 21	SECRETARY: O DIVISION OF COR
	Name	A	POR
1458 Oceanshore B	lvd. #200	. .	AAE
Florida s	street address (P.O. Box NOT acceptable)	F	SK
Ormond Beach	FL 32176		
City	, State, and Zip		
	and to accept service of process for the above s	4_4_ 3 1:	mited

Registered Agent's Signature (REQUIRED)

(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:

MGR	Christina N. Dumas
	1458 Oceanshore Blvd. #200
	Ormond Beach, FL 32176
	
(Use attachment if necessary)	

REQUIRED SIGNATURE:

By: 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.)

Checkbook IRA, LLC (Organizer) By: Steven R. Sheppherd, Manager
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)