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(Re	equestor's Name)	)
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(Document Number)		
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EFFECTIVE DATE 10407



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SECRETARY OF STATE

## **COVER LETTER**

то:	Registration Division of C	Section Corporations		,	
SUBJECT: Crimson LLC					
		(Name of Limited	Liability Company)		
The en	closed Articles	of Organization and fee(s) are su	bmitted for filing.		
Please	return all corre	spondence concerning this matter	to the following:		
		Paul M He	randez, Jr.		
		()	lame of Person)	,	_
		-	Firm/Company)		-
		·		1	
		18150 SW 7	1th Nenue	SE SE	07
			(Address)	AF	D ==
		Palmetto Bruy	(Address)  FLorida 3315 State and Zip Code)	ASS	
		(City/	State and Zip Code)		10. PM 3. 91.
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ror iui	rtner informatio	on concerning this matter, please of	can:	40/ 40/ 40/	<u>ာ</u>
	Paul He	randez me of Person)	at (30 = 130) - 213	24	
	(Nar	me of Person)	(Area Code & Daytime Tel	ephone Number)	
Enclos	sed is a check	for the following amount:	,		
- - - - - - - - - - - - - - - - - - -	00 Eiling Fee	\$130.00 Filing Fee & [	T\$155.00 Filing Fee & S	\$160.00 Filing Fee,	
		Certificate of Status	Certified Copy	Certificate of Status &	
			(additional copy is enclosed)	Certified Copy (additional copy is enclosed	l)
		Mailing Address	Street/Courier Address		
		Registration Section Division of Corporations	Registration Section Division of Corporation		
		Division of Corporations	Division of Corporation	5	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability	cy Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18150 SN 77th Avenue Palmetto Bay PZ 33157	18150 SW77th Lienve Palnetto Bay, Ft 33157
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the result of the Paul Herrary Name    Paul Herrary Name   Pa	egistered agent are:  ALCANON  AND SEE STATE  PHONE  Tess (P.O. Box NOT acceptable)
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 service of process for the above stated limited his certificate, I hereby accept the appointment as a. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

Page 1 of 2

70 TIME DATE 10407

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

	Title:	Name and Address:
	"MGR" = Manager	
	"MGRM" = Managing Member	
	MGK	Aino Vitiello
	11.0/12	18150 Sh 7 Ale
		Palmetto Bay, = 33157
		·
		The second secon
	· · · · · · · · · · · · · · · · · · ·	
	(Use attachment if necessary)	
		<b>*</b> * * * * * * * * * * * * * * * * * *
ARTIC	CLE V: Effective date, if other that	n the date of filing: October 4, 2007. (OPTIONAL) ust be specific and cannot be more than five business days prior
(If an	effective date is listed, the date mu	ust be specific and cannot be more than five business days prior
to or 9	0 days after the date of filing.)	
	DECUMED SIGNATURE.	
	REQUIRED SIGNATURE:	, N.W.
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		F6 2
	Signature of a m	nember or an authorized representative of a member.
		ASA -
	(In accordance w	rith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury
	that the facts st	tated herein are true.)
	fi.	no Vitiello SA w
		Typed or printed name of signee
		$oldsymbol{eta}$

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)