# L08000080777

(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:						
A. LUNT  AUG 25 2008  FXARABLE						
EXAMINER						

Office Use Only



700134807057

08/22/08--01009--016 \*\*125.00

2000 AUG 22 A II: 21
SECREJARY OF STATE
TALLAHASSEE FIGALE

# **COVER LETTER**

то:	Registration Section Division of Corporations						
SUBJECT: CraySon'S Landing LhC (Name of Limited Liability Company)							
The enclosed Articles of Organization and fee(s) are submitted for filing.							
Please 1	return all correspondence concerning this matter to the following:						
-	Loe Metacarpa (Name of Person)						
American Connete Contractors, Inc. (Firm/Company)							
1734 Human Lane, Suit B							
-	Holiday, FL. 34691  (City/State and Zip Code)						
For further information concerning this matter, please call:							
Fre	(Name of Person)  (Name of Person)  (Area Code & Daytime Telephone Number)	Ö					
Enclos	sed is a check for the following amount:						
\$125.0	00 Filing Fee \$\sum_\$130.00 Filing Fee & \$\sum_\$\$155.00 Filing Fee & \$\sum_\$\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)						
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301						

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	}			
The name of the Limi	ted Liability Company is:			
(Must e	ray Son's La	ity Company, L.L.C.," or	· "LLC.")	
ARTICLE II - Addr	ess:	<b>O</b>		
The mailing address a	and street address of the pr	incipal office of the	Limited Liabil	ity Company is
Principal Office Add	lress:	Mailing Address	<u>:</u>	
1734 Bun Holiday, Fl	ar Lane, ste.B - 34691		nar Lane =L.34691	<u>ste</u> B
ARTICLE III - Regi (The Limited Liability Comp business entity with an activ	stered Agent, Registered any cannot serve as its own Regist ve Florida registration.)	Office, & Register ered Agent. You must des	red Agents Signate an individual	gnature:
The name and the Flo	rida street address of the r  Toe Me  Name		TARY OF ASSEE. FI	6 22 A
	1734 Dunar	Lane Sui	techable)	11: 24
	1-foriday City, State, 8	FL 3469) and Zip	<del>_</del>	·

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..

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: Title: "MGR" = Manager "MGRM" = Managing Member Dag Howard Soll Lory Lake badd Havey in the Hills, FL.34737 De Medacara 1734 Ruman Lare Ste B Holiday, FL.34191 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filling: (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:** 

Sgnature 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 beggin are true.)

that the facts stated herein are true.)

A Wetaura 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)