

L08000107036

(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

NOV 18 2008

EXAMINER

Office Use Only



900137912999

11/14/08--01022--005 **130.00

FILED
2008 NOV 17 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: crucialclicks.com, LLC
(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:

Norman Schulman

(Name of Person)

Sentry Self Storage

(Firm/Company)

12375 W Sample Rd

(Address)

Coral Springs, FL 33065

(City/State and Zip Code)

2008 NOV 17 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Norman Schulman

(Name of Person)

at (**561**) **477-4165 211**

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

crucialclicks.com, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

12375 W Sample Rd
Coral Springs, FL 33065

Mailing Address:

SAME

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:

Norman Schulman

Name

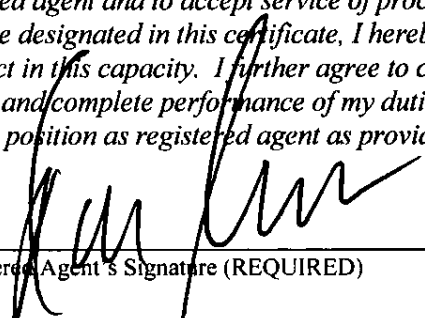
6489 NW 65 Way

Florida street address (P.O. Box **NOT** acceptable)

Parkland, FL 33067

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2008 NOV 17 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

"MGRM" = Managing Member

Parkland, FL 33067

Coral Springs, FL 33065

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 NOV 17 PM 2:22

FILED

(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.)

(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.)

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)