# L09000069412

,				
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SEURETARY OF STATE

JUL 20,209 EXAMINER

#### **COVER LETTER**

TO:	Registration Division of C		,			
. SUB	JECT:	Crid	Idle and Company			
~~~			ted Liability Company			
The	enclosed Articles of	of Organization and fee(s) are	submitted for filing.			
Pleas	se return all corres	pondence concerning this matt	nter to the following:			
	George W. Criddle					
			Name of Person			
	Criddle and Company					
9930 Collins Ave . stc.3						
		liami, FL 33154				
City/State and Zip Code						
		E-mail address: (to be used f	ail.com OR susanvice@gmail.com for future annual report notification)			
For f	urther information	concerning this matter, please	e call:			
	<del></del>	san Vice	at ( 214 ) 295-5281			
	Name	of Person	Area Code & Daytime Telephone Number			
Encl	osed is a check for	or the following amount:				
\$12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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 Compan	ny is:	
Criddle and C	Company LLC. Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
TBD	9930 Collins Ave	,
	9930 Collins Ave 	
Florida street address  Miami	Registered Agent. You must designate an individu	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certificate, I hereby accept the pacity. I further agree to comply with t ete performance of my duties, and I am	appointment as he provisions of all familiar with and
Suum!	Vi'ce Signature (REQUIRED)	
Registered Agent 8 S	ngnature (REQUIRED)	

(CONTINUED)

#### Page 1 of 2

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

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

## FILED

2009 JUL 17 AM 11: 26

SECOUTAN

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Men	Name and Address:	TALLAHASSEE. FLORIDA					
MGRM	George W. Criddle 9930 Collins Ave. no Miami, FL 33154	. 3					
(Use attachment if necessary	· · · · · · · · · · · · · · · · · · ·						
ARTICLE V: Effective date, if other	r than the date of filing: 07-15-2009 e must be specific and cannot be more than five						
REQUIRED SIGNATURE	: :						
	20 -						
Signature of	Signature of a member or an authorized representative of a member.						
of this docu	ce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of peas stated herein are true.)						

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)

George W. Criddle Typed or printed name of signee