18811000

(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:

Office Use Only

G. MCLEOD

DEC 15 2009

EXAMINER



900163533529

12/14/09--01055--018 **130.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CRSP Enterorise
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:
CECILIA PAYNE Name of Person
CRSP Enterprise 1LC
6140 Azalea CIR
West Palm Beach, F1, 33415 City/State and Zip Code
Cecpau Comcast. Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CECILIA PAYNE at (561) 602-7123 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigsim \frac{1}{2}\$130.00 Filing Fee & \$\bigsim \frac{1}{2}\$155.00 Filing Fee & \$\bigsim \frac{1}{2}\$160.00 Filing Fee, Certificate of Status & 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:	
CRSP Enterprise (Must end with the words "Limited Liability	Y Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address and stre	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6140 AZO los CIR WOST Palm Bru, Fl 33415	6140 AZalea CIR. West Polm Bul, A 33415
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 re OLRY MAUR Name 2101 VISTA Park Florida street address (P.O. I West Palm Bel City, State, and	WAY STE 121 SECRETARY OF SIGN OF CORPORA OF CORPORA OF L 33411 SECRETARY OF SIA
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	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and sered agent/as provided for in Chapter 608, F.S

(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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Rainford Payne 6140 Azalea Cir Wood Polm Bch, Fl 33415
MGR	Cecilia Payne. 6140 Azalea ar. West Palm Big Fl 33415
MGRM	Sheldon Boyce-Payne 6140 Azales cir West Palm Bey F1 33415
	
(Use attachment if necessary)	
•	ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a n	ula. Jayra nember or an authorized representative of a member.
of this documen	vith section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury ted 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)