## <u>L1000023215</u>

(Re	equestor's Name)	
(,,,,	equotion 5 framo	
(Δα	ldress)	
(//0	luiess)	
(4)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	f)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	)
(Document Number)		
Certified Copies	_ Certificates o	f Status
Special Instructions to Filing Officer:		
[		

Office Use Only

G. MCLEOD

EXAMINER



200163759072

02/16/10--01036--008 \*\*155.00

10 MAR -1 PHIZ: 14

SECRETARY OF STAIR
OIVISION OF CORPORATIONS



Michael C. Huddleston & Michael S. Teal February 24, 2010

Registration Section Division of Corporations P. O. Box 6327 Tallahassee FL 32314

Attention: Gina McLeod

Re: CRIMSON T, L.L.C.

Dear Ms. Mcleod:

Enclosed please find an original and one copy of Articles of Organization for the above-referenced Limited Liability Company, along with your letter of February 17, 2010.

Thank you for your assistance in this matter.

Very truly yours,

Michael S. Teal MST/nae

Enc.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

10 MAR - | PM 12: 15

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I** - Name: The name of the Limited Liability Company is

CRIMSON T, L.L.C.

## **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 1006 No. Woodland Blvd, Suite A, DeLand FL 32720.

**ARTICLE III** - Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Parke S. Teal 1006 No. Woodland Blvd. DeLand FL 32720

Having been named as registered agent and to accept service of process for the above state 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 §.S.

Registered Agent's Signature

## **ARTICLE IV** - Managers or Managing Members:

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

Title:

Name and Address:

**MGRM** 

Parke S. Teal P. O. Box 1436

DeLand FL 32721-1436

Required Signature:

Signature of a member of 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 herein are true.)

Parke S. Teal

Typed or printed name of signee