

L10000120379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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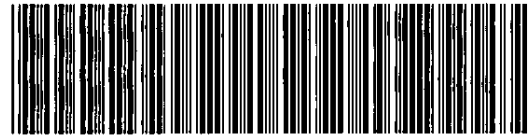
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2010 NOV 18 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
NOV 19 2010  
EXAMINER

Joe Wallace  
19 Sovereign Way  
Fort Pierce, FL 34949

Daytime Phone  
(772) 497-4097

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Crowne Money Managers 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:

Joe Wallace

Name of Person

Crowne Money Managers LLC

Firm/Company

19 Sovereign Way

Address

Fort Pierce, FL 34949

City/State and Zip Code

wallace164500@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Wallace

Name of Person

at ( 772 ) 497-4097

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:

**Crowne Money Managers 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:

19 Sovereign Way  
Fort Pierce, FL 34949

#### Mailing Address:

19 Sovereign Way  
Fort Pierce, FL 34949

### 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:

Joe Wallace

Name

19 Sovereign Way

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

Fort Pierce FL 34949

City, State, and Zip

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*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)

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

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

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TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Joe Wallace  
19 Sovereign Way  
Fort Pierce, FL 34949

MGRM

Tomek Mikler  
5368 SE Jennings LN  
Stuart, FL 34997

MGRM

Adam Cline  
5927 NW Carefree ST  
Port Saint Lucie, FL 34986

\_\_\_\_\_

\_\_\_\_\_

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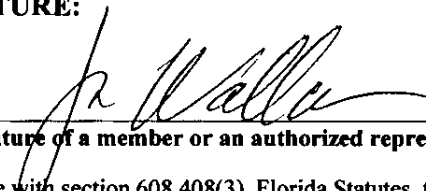
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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:**

  
\_\_\_\_\_  
Signature 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 herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Joe Wallace

\_\_\_\_\_  
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)**