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SECRETARY OF STATES
TALL AHASSEE FLORIDA

J. SAULSBERRY EXAMINER

APR 27 2011

## **COVER LETTER**

* TO: Registration Section Division of Corporations	
SUBJECT: Todd Craig LLC.  Name of Limited Hability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Todd Craig Name of Person	
Todd Craig, LLC.	
26 PARK CANE Address	en.
	阿二二
	7
For further information concerning this matter, please call:	
Libby A. Craig at (850) 774-36/ Name of Person at (850) Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

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:
Todd Craig, UC	
(Must end with the words "Limited Liz	ability 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:	Mailing Address:
Dle PARK LaNE Santa Rosa Boach, FL 32459	ZO PARK LANE SAWAROSK BEACH, FL 32459
The name and the Florida street address of the  Libby A.  Nan  26 PARK Lawe  Florida street a	e registered agent are:

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Todd Craig Jle PARK Lane Santa Rosa Beach, Fl 32459	
1 <u> </u>		
	2011 APR 25	#46 ;
	TO TO	
(Use attachment if necessary)	5: 09 LIORIDA	
FICLE V: Effective date, if other than the n effective date is listed, the date must be 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days pr	ior
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.)

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)