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COVER LETTER

_	istration Section islon of Corporations
SUBJECT:	William Crouse LLC Name of Limited Liability Company
SCHOLET.	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:
	William Crouse
	N/A
	Firm/Company
	3308 Higel Aue
	Address
	Sarasota, FL 34242 City/State and Zip Code
	E-mail address: (to be used for future annual report nonfication)
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
W	Name of Person at (941) 320-3035 Area Code & Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Filin	g Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$ Certificate of Status 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 Company is:	
^	
William Crow	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
•	
Principal Office Address:	Mailing Address:
Marinia Comman	lact it and Comment
William Crosse 3308 Higel Ave Sarasota, FL 34242	3308 Higel Aug Sarasota, FL 24242
Sarasuta, FL 34242	Sarasota FL 24242
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:
Ruan McC	Affin BI
RYAN MCCO Name	SSE SSE
1724 North Lafesi	
Florida street add	ress (P.O. Box NOT acceptable)
SAVUSOTA	FL 3U23 Sm 22
City, Sta	FL SUZB) Properties, and Zip

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	William Crouse 3308 Higel Ave Garasota, FL 34242

(Use attachment if necessary) CLE V: Effective date, if other than the	ne date of filing: (OPTIONAL) be specific and cannot be more than five bus <u>in</u> ess days pr
90 days after the date of filing.)	be specific and cannot be more than five business days pr
REQUIRED SIGNATURE: Signature of a memi	ber or an authorized representative of a member.
(In accordance with section 60 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. The permation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
William	Cyouse Typed or printed name of signee
Filing Fees:	