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PICK-UP	☐ WAIT	MAIL
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(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
Special instructions to Filing Officer.		





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B. BOSTICK FEB - 7 2012 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:NO Time Wasted "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:
Lowell Crawford JR. Name of Person R. R. R. R. R. R. R. R. R. R
Firm/Company
2307-B Columbia Ct. Pe D. Address
infoentutine. com City/State and Zip Code infoentutine. com Cultanterau ford e yahen. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Luwell Crawfold JR. at (786) 236-5638 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building

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:	
No Time Wasted (Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2307-B (olumbia Ct. Tallahassee, Fl (32304)	7307-B Columbia (t. Tallanassee, F1 (32304)
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	d Office, & Registered Agent's Signatures stered Agent. You must designate an individual or anothers
The name and the Florida street address of the	registered agent are:
Lowell Craw Name	5 3 F
2307-B Colum Florida street ad	dress (P.O. Box NOT acceptable)
Talahassee City, S	FL (323014) tate, 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)

The name and address of each Ma	inager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"WGRM"	Lowell Crawford JR. 2307-8 Columbia Ct. Tallahassee, Fl (32304)
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(Use attachment if necessary)	
ARTICLE V: Effective date, if other than (If an effective date is listed, the date mu to or 90 days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a me	ember or an authorized representative of a member.
constitutes an affirmation of I am aware that any false is constitutes a third degree f	n 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State Gelony as provided for in s.817.155, F.S.) Craw ford JR. Typed or printed name of signee
Filing Fees:	Typed of printed hame of signee
\$125.00 Filing Fee for Articles of Of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	·