

L12000107382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

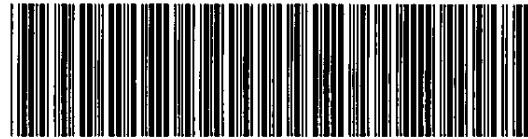
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/20/12--01020--024 **130.00

APPROVED
AND
FILED

12 AUG 20 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 21 2012

EXAMINER

EFFECTIVE DATE

08/17/12

COVER LETTER

TO: **Registration Section**
Division of Corporations

CROWNED ARTIST ENTERTAINMENT LLC.

SUBJECT: _____
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:

CARLITHIA DAVIDSON

Name of Person

CROWNED ARTIST ENTERTAINMENT

Firm/Company

P O BOX 612883

Address

MIAMI, FL 33261

City/State and Zip Code

LADYDAVIDSON26@GMAIL.COM

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

For further information concerning this matter, please call:

CARLITHIA DAVIDSON

Name of Person

at (**786**) **371-4744**

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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

12 AUG 20 AM 10:20

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AND
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CROWNED ARTIST ENTERTAINMENT 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:

25863 S.W. 128 CT.
PRINCETON, FL. 33032

Mailing Address:

P O BOX 612883
MIAMI, FL. 33181

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:

CARLITHIA DAVIDSON

Name

25863 S.W. 128 CT.

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

PRINCETON FL 33032

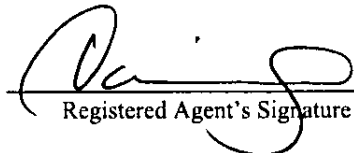
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG 20 AM 10:20

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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)

EFFECTIVE DATE 08/17/12

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

CARLITHIA DAVIDSON

25863 S.W. 128 CT.

PRINCETON, FL. 33032

MGRM

JACQUELINE DAVIDSON

1855 N.E. 121 ST.

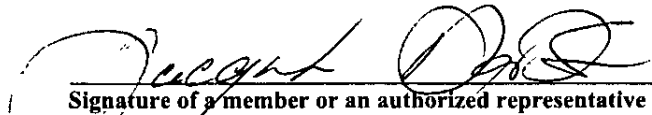
MIAMI, FL. 33181

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/17/2012 (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.)

JACQUELINE DAVIDSON

Typed or printed name of signee

12 AUG 20 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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)