L1300006166

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	. MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		ide

Office Use Only

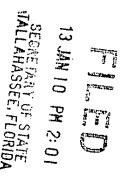
JAN 1 1 2019 B. KOHR



300243437973

01/10/13--01013--015 **125.00

EFFECTIVE DATE 1/07/2019



(850) 245-6051.

07/2013 **EFFECTIVE DATE_**

COVER LETTER

TO:

Registration Section Division of Corporations

CRYSTAL LAKE AIR 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:



Name of Person

PROGRESSIVE TECHNICAL SERVICES

Firm/Company

P. O. BOX 30263-0263

Address

DOCTORS INLET, FL 32030-0263

City/State and Zip Code

k.harp@engineer.com

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

For further information concerning this matter, please call:

Kenneth Harp

Name of Person

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

EFFECTIVE DATE 1/7/2013

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

CRYSTAL LAKE AIR LLC (Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		The state of the s
-	s of the principal office of the Limited Lia	ability Company is
The maning address and sheet address	of the principal office of the Emitted Ex	FOR
Principal Office Address:	Mailing Address:	SET OF THE PERSON OF THE PERSO
4015 Reid Street, SR 100	P. O. Box 30263	725
Unit 33	Doctors Inlet, FL 32030-0263	
Palatka, FL. 32177		

The name and the Florida street address of the registered agent are:

Progressive Technical Ser	vices		
	Name ,		
4015 Reid Street	, SR 100,	Unit 33	
Florida s	reet address (P.	O. Box NOT ac	:ceptable)
Palatka	FL	32177	
	City, State, 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)

Page 1 of 2

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

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

O. Box 30263 potors Inlet, FL 32030-0263
octors Inlet, FL 32030-0263
f filing: January 7, 2013 . (OPTIO ecific and cannot be more than five bus

Signature of a member of 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.)

> Kenneth Harp 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)