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Office Use Only



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EFFECTIVE DATE 03-01-13

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B. BOSTICK

MAR - 8 2013

EXAMINER

(850) 245-6051.

### COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Crime Intelligence Advocacy, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# Norman L. Wine Name of Person Firm/Company 27364 Tierra Del Fuego Cir. Address Punta Gorda, FL 33983 City/State and Zip Code norm@altbussys.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Norm Wine Name of Person Enclosed is a check for the following amount: \$160.00 Filing Fee, **□**\$125.00 Filing Fee □\$130.00 Filing Fee & **□**\$155.00 Filing Fee & Certificate of Status Certified Copy 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

(additional copy is enclosed)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Comp	any is:		
Crime Intelligence Advocacy, LLC		<del></del>	
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Lia	ability Com	ipany is:
Principal Office Address:	Mailing Address:		
Crime Intelligence Advocacy, LLC	Crime Intelligence Advocacy, LLC		
27356 Tierra Del Fuego Cir.	27364 Tierra Del Fuego Cir.		
Punta Gorda, FL 33983	Punta Gorda, FL 33983		
The name and the Florida street address  Norman L. Wine  27364 Tierra Del Fuego C  Florida s	Name	55	TILED MAR -7 PH 2:47
Punta Gorda	<sub>FL</sub> 33983	A	~
	City, State, and Zip		
registered agent and agree to act in thi. all statutes relating to the proper and and accept the obligations of my position.	ated in this certificate, I hereby accept to s capacity. I further agree to comply we complete performance of my duties, and	he appointn ith the provi l I am famili	nent as isions of iar with

(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:

MGRM	Norman L. Wine	
	27364 Tierra Del Fuego Cir.	
	Punta Gorda, FL 33983	
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(Use attachment if necessary)		ORID
LE V: Effective date, if other than the	no data of filing: March 1, 2013	OPTIONA

**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 penaltics 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.)

Norman L. Wine

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)