L13000036954

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



600245563386

03/11/13--01023--013 **130.00

SECRETARY OF STATE SIVISION OF CORPORATION

C. LEWIS
WAR 1 2 2013
EXAMINER

COVER LETTER

TO: .. Registration Section
Division of Corporations

Crisp Peerless Properties 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:

Thomas Crisp Bowen Name of Person Crisp Peerless Properties LLC Firm/Company 13220 Lot 100 Address Hudson, Fl. 34667 City/State and Zip Code capttcb@windstream.net E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Crisp Bowen	440	387-8733
Name of Person	Area Code	& Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee
□\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee,

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 Compan	ny is:	
Crisp Peerless Properties LLC		
	Liability Company, "L.L.C.," or "LLC.")	
(Must one want the words Embled	r Elability Company, L.E.C., or EEC.)	
ARTICLE II - Address:		
The mailing address and street address of the	he principal office of the Limited Liability Company	vis:
3		
Principal Office Address:	Mailing Address:	
·		
13220 Lot 100 Houston Ave.	13220 Lot 100 Houston Ave.	
Hudson, Fl. 34667	Hudson, Fl. 34667	
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another	ت
The name and the Florida street address of	the registered agent are:	SECA
Thomas Crisp Bowen	7	プロプラ
<u></u>	Name	- G
13220 Lot 100 Houston A	Ave.	경우 국 구 구 구 그
Florida stre	et address (P.O. Box NOT acceptable)	တ္က 🚉
Hudson,	_{FL} 34667	16 To
Cit	ty, State, and Zip	
-	♦ 1	

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

"MGR" = Manager "MGRM" = Managing Member	naging Member(s): ger or Managing Member is a Name and Address:	2813 MAR / / AM 8:
Treasurer	Mary Ann Bowen	
	13220 Lot 100 Houston A	Ave.
	Hudson, Fl. 34667	
•	e date of filing	(OPTION
(Use attachment if necessary) LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: It be specific and cannot be	. (OPTION e more than five busin
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: It be specific and cannot be Compared Recognitions The compared representative and cannot be The compared representative and cannot	e more than five busin
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member o	at be specific and cannot be	e more than five busing the best of a member. Execution of this document acts stated herein are true, the Department of State
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	er or an authorized representative r	e more than five busing the best of a member. Execution of this document acts stated herein are true, the Department of State
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	er or an authorized representative r	e more than five busing the best of a member. Execution of this document acts stated herein are true, the Department of State
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	er or an authorized representative the penalties of perjury that the fination submitted in a document to y as provided for in s.817.155, F.S.	e more than five busing the best of a member. Execution of this document acts stated herein are true, the Department of State