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SECRETARY OF STATE
FALL AHASSEE, FLORID.

K.SALY EXAMINER APR 30 2013

COVER LETTER

	istration S sion of Co	Section orporations		
SUBJECT:	С	ripe LLC	ed Liability Company	
		Name of Limit	ed Liability Company	
The enclosed	Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return	all corresp	ondence concerning this matt	er to the following:	
	Indre	w Cripe	Name of Person	
			Firm/Company	
1	3 293	Little Gen Ci	c	
			Address	
_F.	rt M	lyers , FL ;	3 3 4 1 3	
	eferip	E-mail address: (to be used t	3 3 4 1 3 y/State and Zip Code net or future annual report notification)	· · · · · · · · · · · · · · · · · · ·
		concerning this matter, please		
Andrew	Crig Name	of Person	at (239) 634 - 3 Area Code & Daytime Telepl	hone Number
Enclosed is	a check fo	or the following amount:		
⊠\$ 125.00 Fil	ing 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 Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE
Cripe LLC (Must end with the words "Limited Liability)	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13293 Little Gen Cir Fact Myers, FL 33913	13293 Little Gem Cir Fort Myors, FL 33913
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the real Andrew Cr. Name	ALLA P
13293 Little Florida street add	Gem Cir ress (P.O. Box NOT acceptable)
Fort Myers City, Sta	FL 33913 tte, and Zip
liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S
July T	<u></u>
Registered Agent's Signat	we (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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Andrew Cripe 13293 Little Gen Cir Fact Myers, FL 33913
 	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ (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.)

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)