L14000017698

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900255874539

01/23/14--01009--017 **125.00

14 JAN 23 PM 3: 16
SECRETARY OF STATE

T. Burch JAN 3 1 2014

COVER LETTER

	gistration Section vision of Corporations	
	CRESCENT BEAC	CH CUSTOM HOMES, LLC
SUBJECT		Limited Liability Company
The enclose	ed Articles of Organization and fee(s	s) are submitted for tiling.
Please retur	n all correspondence concerning this	s matter to the following:
	CHRISTOPHER	RADAMS
		Name of Person
		Firm/Company
	12772 AVIANO	DRIVE
		Address
	NAPLES, FL 34	1105
	CHRISADAMS5130@\	City/State and Zip Code
		s: (to be used for future annual report notification)
For further	information concerning this matter, p	please call:
CHR	IS ADAMS	11 (239 Area Code) 404-5130 Daytime Telephone Number
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
/ \$125.00 Fi		
	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

CRESCENT BEACH CUSTOM HOMES, LLC				
	ds "Limited Liability Company, "L.L.C.," or "LL	LC.")		
ARTICLE II - Address:				
The mailing address and street address of the	principal office of the Limited Liability Compar	ny is:		
Principal Office Address:	Mailing Address:			
12772 AVIANO DRIVE				
NAPLES, FL 34105				
another business entity with an active Florida The name and the Florida street address of th		SECRE TALLAI	14	compa
	Name ss (P.O. Box <u>NOT</u> acceptable)	TARY OF ST HASSEE, FLO	JAN 23 PM 3:	
	ss (P.O. Box <u>NOT</u> acceptable) FI, 34105	TARY OF STATE HASSEE, FLORID!		

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	
"AMBR" ≈ Authorized Member		
"MGR" = Manager		
MGR	CHRISTOPHER ADAMS	
	12772 AVIANO DR.	
	NAPLES, FL 34105	
		_
		一弌
		_ ر_
	Ξr	2
		_ ~
	S S S S S S S S S S S S S S S S S S S	– د
	<u></u>	3
	<u> </u>	
	0.5	بئ 🗌
	<u> </u>	
(Use attachment if necessary) E.V: Effective date, if other than the date of	Gling: FEBRUARY 1, 2014 (OPTIONAL)	- -
EV: Effective date, if other than the date of	Giling: FEBRUARY 1, 2014 . (OPTIONAL) ic and cannot be more than five business days prior to o	
E V: Effective date, if other than the date of ective date is listed, the date must be specif	filing: FEBRUARY 1, 2014 . (OPTIONAL)	
EV: Effective date, if other than the date of ective date is listed, the date must be specifof filing.)	filing: FEBRUARY 1, 2014 . (OPTIONAL)	
E V: Effective date, if other than the date of ective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605 constitutes an affirmation under 1 am aware that any false infor	filing: FEBRUARY 1, 2014 . (OPTIONAL)	r 90 c

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)