

L14000107276

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : FASTKIT CORP
Account Number : I20100000009
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA LIMITED LIABILITY CO.
Team Crawford, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

14 JUL -7 AM 10:20

FILED

S. Young
7/8/14

L14000107276



July 7, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: TEAM CRAWFORD, LLC
REF: W14000041589

We have received your document for TEAM CRAWFORD, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist IIFAX Aud. #: H14000160297
Letter Number: 814A00014525

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAJUL 08 2014
S. YOUNGFILED
14 JUL -7 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: **Team Crawford, LLC**

ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

The principal place of business/mailling address is:

455 Alt 19 #H-113
Palm Harbor FL 34683

ARTICLE III Registered Agent, Registered Office & Registered Agent's Signature:

The name and Florida Street address of the initial registered agent is: Chris Crawford
455 Alt 19 #H-113
Palm Harbor FL 34683

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 605, F.S.



Signature/Registered Agent

7/3/14

Date

ARTICLE IV Manager(s)

The name, title and address of each person authorized to manage and control the Limited Liability Company:

Chris Crawford
455 Alt 19 #H-113
Palm Harbor FL 34683

ARTICLE V EFFECTIVE DATE

The effective date of this filing:

Immediately upon filing.

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.)



Signature/Incorporator/EGOR

7/3/14

Date

Chris Crawford

Printed name of Signee

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14 JUL -7 AM 10:27
TALLAHASSEE, FLORIDA
SECRETARY OF STATE