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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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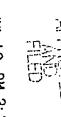


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## COVER LETTER

	ation Section n of Corporations	
SUBJECT:	Crown Pu	blic Relations, LLC nited Liability Company
The enclosed Art	ticles of Organization and fee(s) ar	e submitted for filing.
Please return all	correspondence concerning this ma	atter to the following:
		Bouie, Lorigayle
		Name of Person
		Firm/Company
	816	
<del></del>	010	Hardin Street Address
	Quinc	ty, FL 32351
<del></del>	E-mail address: (to be used	d for future annual report notification)
For further infor	mation concerning this matter, plea	ase call:
Lor	rigoy/e Bouie at (_	Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:	
\$125.00 Filing F	Fee □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is ₹delosed)  (additional copy is ₹delosed)
	Mailing Address  Posignation Section	Street/Courier Address Registration Section
	Registration Section Division of Corporations	Division of Corporations  Clifton Building
	P.O. Box 6327 Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")  ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  BIG Hardin St.  Quincy, FL 32351  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  Loriganle Boule Name  BIG Hardin St.  Florida street address (P.O. Box NOT acceptable)  Quincy, FL 32351  City  Tip  Having been named as registered agent and to accept service of process for the above stated limited liability company 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 Lam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.	ARTICLE I - Name: The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")  ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Blb Hard in St.  Quincy, FL 32351  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  Lorigarle Boule  Name  Bl6 Hard in St.  Florida street address (P.O. Box NOT acceptable)  City  City  Tip  Having been named as registered agent and to accept service of process for the above stated limited liability company 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 Lam familiar with and accept the obligations of my position as registered agent as provided for in	Crown Public Reptions, LLC
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Registered Agent Signature (REQUIRED)	the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete perfor of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided judges of the control of the proper and complete performs of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided judges. Chapter 605, F.S

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Page 1 of 2

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Title:	Name and Address:	٠
"AMBR" = Authorized Member		
"MGR" = Manager	Lorigayle Bouie 816 Hardin St.	
Nanager	Lorigayle Doule	
<b>-</b>	816 Hardin St. Quincy, FC 32351	
	Quincy, FL 32351	
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(Use attachment if necessary)		
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Sective date is listed, the date must be specific of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	and cannot be more than five business days prior to o	
Required Signature of a member	and cannot be more than five business days prior to o  And and another Bound  of an authorized representative of a member.	
Required Signature of a member (In accordance with section 605.020	and cannot be more than five business days prior to o  Bette of an authorized representative of a member.  (3 (1) (b), Florida Statutes, the execution of this document	
Required Signature of a member (In accordance with section 605.020 constitutes an affirmation under the	and cannot be more than five business days prior to o  Bette  of an authorized representative of a member.  (3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.	
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ARTICLE IV-

Page 2 of 2