## L14000143110

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(Re	questor's Name)	
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(City	y/State/Zip/Phone	∋ #)
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PICK-UP	☐ WAIT	MAIL
_	<del></del>	<del>_</del>
(Bus	siness Entity Nar	ne)
(Do	cument Number)	
		,
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	





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EFFECTIVE DATE

14 SEP -8 PH 1:45

SEP 1 2 2014

T. BROWN

## COVER LETTER.

•	то:	Registration Division of	n Section Corporations			
	SUBJE	CT: <u>Cranfo</u>	rd Conversions LLC Name of	Limited Liability	Company	
	The encl	losed Articles	of Organization and fee(s	s) are submitted fo	r filing.	
	Please re	eturn all corre	espondence concerning thi	s matter to the fol	lowing:	
		Austin B	loor	Name of Pe	rson	
			•			
		Cranford	Conversions LLC		<del> </del>	
				Firm/Comp	any	
		<u>3903 To</u>	wnship Square Blvd - U	nit 1311 Address		
		Orlando	FL 32837	City/State and 2	ip Code	
	_aus	tin.bloor@g	mail.com			
			E-mail address: (to be	used for future and	nual report notifica	ation)
	For furth	er information	on concerning this matter,	please call:		
	Austin I	3loor	a	ı ( <u>407</u> ) <u>-</u>	463-6075	
		Nar	me of Person	Area Code	Daytime Te	lephone Number
	Enclosed	l is a check fo	or the following amount:			
	\$125.00	Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	Certified		□\$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 Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:	F 50 m	
The name of the Emmed English Company is:	ited Liability Company, "L.L.C.," or "LLC.")	
		_
Cranford Conversions LLC	<u>2.</u> 2. L	()
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	0
ARTICLE II - Address:	ب ن ب	
The mailing address and street address of the principal	al office of the Limited Liability Company is:	
the maning address and shoet address of the princip	Br. 3.	
Principal Office Address:	Mailing Address:	
3903 Township Square Blvd	3903 Township Square Blvd	DAT
Unit 1311	Unit 1311 EFFECTIVE	TIL
Orlando FL 32837	Orlando FL 32837 10 - 1 - 1	II.
The name and the Florida street address of the registe  Austin Bloor	ered agent are:	
• • •	in the same of the	
3903 Township Square Bl Florida street address (P.O.	vd Unit 1311	
3903 Township Square Bl	vd Unit 1311	
3903 Township Square Bl Florida street address (P.O.	od Unit 1311 Box NOT acceptable)	

(CONTINUED)

Page 1 of 2

<u>[itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Austin Bloor
	3903 Township Square Blvd Unit 1311
	Orlando FL 32837
V: Effective date, if other than the date	e of filing: _10/01/2014 (OPTIONAL)
ctive date is listed, the date must be sp filing.)  VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)	pecific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date stive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a man (In accordance with section 60 constitutes an affirmation under I am aware that any false information.)	pecific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false inforconstitutes a third degree felorical section in the section of t	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.  rmation submitted in a document to the Department of State
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false information.)	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
V: Effective date, if other than the date tive date is listed, the date must be spfiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a median (In accordance with section 60 constitutes an affirmation under I am aware that any false inforconstitutes a third degree felorical constitutes as third degree felorical constitutes.	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.  rmation submitted in a document to the Department of State