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| (Re | equestor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
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| (Do | cument Number) | · · · · · · · · · · · · · · · · · · · |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: | Registration Division of C | | | | |
|-----------|-------------------------------|---|--|--------------------------|--|
| SUBJE | ст: <u>Бе</u> | orge Crov | On Design Limited Liability Comp | any | بر. |
| The enc | losed Articles | of Organization and fee(s |) are submitted for filing | g. | |
| Please re | eturn all corres | spondence concerning thi | s matter to the following | ; : | |
| | <u>Jo</u> | rge Jenve | Name of Person | | |
| | | | Firm/Company | | |
| | 1418 | SI SW 142 | nd Avenue |) | |
| | | | Address | | |
| | Mia | mi, FL 33. | 186 | | · · · · · · · · · · · · · · · · · · · |
| J | FJenve | Le-mail address: (to be | City/State and Zip Cod COY ised for future annual re | | ion) |
| For furth | ner information | n concerning this matter, | olease call: | | |
| Jon | ger Jen Nam | a of Person | 305 87 Area Code | 7 - 05 2 Daytime Tele | LCP ephone Number |
| Enclosed | is a check for | r the following amount: | | | |
| \$125.00 | Filing Fee | 130.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is | | □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

2

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: | | | |
|--|----------------------------|--------------------|--------------|
| George Crown Design LC. (Must end with the words "Limited Lability 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 | is: | | |
| Principal Office Address: 14181 SW142nd Avenue Mailing Address: 14181 SW 142nd Avenue Marm, FL 33186 Miarm, FL 33186 | <u>enue</u>) | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate another business entity with an active Florida registration.) | an individu | ıal or | |
| The name and the Florida street address of the registered agent are: Jorge Jenvey Name Name | | | |
| Florida street address (P.O. Box NOT acceptable) | | | |
| Mam FL 33/86 City Zip | , | | |
| Having been named as registered agent and to accept service of process for the above stated limit the place designated in this certificate, I hereby accept the appointment as registered agent and capacity. I further agree to comply with the provisions of all statutes relating to the proper and of my duties, and I am familiar with and accept the obligations of my position as registered agency Chapter 605, F.S | d agree to c complete p | act in t erform | his ance |
| Registered Agent's Signature (REQUIRED) | SECRET | 14 SEP | - 5 P |
| (CONTINUED) | SSEE. | 15 A | Prints (I |
| Page 1 of 2 | MARY OF STATE | AM 9: 55 | O |

| Title: | Name and Address: |
|---|---|
| 'AMBR" = Authorized Member | |
| "MGR" = Manager AMBD_ | Torner Jenvey |
| THE | 41813W HIND Avenue |
| | Mami FL 33180 |
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