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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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•	¹ Office Use On	iv.



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## **COVER LETTER**

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TO:	Registration Division of	n Section Corporations		
SUBJI	ECT:	License 2 (	Craff LLC mited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	espondence concerning this m	natter to the following:	
•	<del></del>	Brian	Crilbert Name of Person	
		Licens	e 2 Cra-P+ LL Firm/Company	<u></u>
		814 h	lindsor Estates Address	Dr.
		Davenpe	City/State and Zip Code	8837
			nse2craft.com d for future annual report notifica	
For fur	ther informatio	n concerning this matter, plea	ase call:	•
<u>B</u>	rian Gi Nar	1ber + at (	207 ) 240-10 Area Code Daytime Te	87 lephone Number
Enclose	ed is a check fo	or the following amount:		
<b>] \$</b> 125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mai</u>	fling Address	Street/Courier Add	ress

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:	
License 2 Craft LL	Liability Company, "L.L.C.," or "LLC.")
(Must end with the words Eminted	Elability Company, E.E.C., of EEC.
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
BIY Windsor Estates Dr. Davenport, FL 33827	BIY Windsor Estates Dr. Davenport, FL 33837
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
Brian (711)	
814 Windsor Florida street address (P.O. Box	Estates Dr.  NOT acceptable)
Daven port	FL 33837 33837 33837

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	7 /-UL L
MbR	Old Illy dear Fort Los Dr
	Dovement FL 33837
	- / .1\
AMBR	Debra Gilbert
	BI4 Windsor Estates Br.
	Davenport, FL 33837
(Use attachment if necessary)  EV: Effective date, if other than the datective date is listed, the date must be sof filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than the da ective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
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