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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
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ALL AHASSEF, FLORIDA

EFFECTIVE DATE

DEC 1 5 2014

T. BROWN

COVER LETTER

TO:

Registration Section

Division of Corporations	
SVENTECTS OF A 111	
SUBJECT: <u>Crestwood House LLC</u> Name of Lin	nited Liability Company
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.
Please return all correspondence concerning this m	atter to the following:
David McKnight	
	Name of Person
	Firm/Company
1170 Old Dixie Hwy	
	Address
Titusville/Florida 32796	
	ity/State and Zip Code
smrbiz@hotmail.com E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, plea	se call:
Dec 2114 (Calada	
David McKnight at (3 Name of Person	Area Code Daytime Telephone Number
Endered in the LC de CB	
Enclosed is a check for the following amount:	_
□ \$125.00 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)
Mailing Address	Street/Courier Address
Registration Section Division of Corporations	Registration Section
P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee FL 32314	2661 Evecutive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2014

DAVID MCKNIGHT 1170 OLD DIXIE HWY TITUSVILLE, FL 32796

SUBJECT: CRESTWOOD HOME LLC

Ref. Number: W14000071704

RECEIVED

14 DEC 12 AM IO: 00

HAVISION OF COMPENCIAL
BEEAU OF COMPENCIAL
BEEAU OF COMPENCIAL

We have received your document for CRESTWOOD HOME LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P13000064006.

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.

Teresa Brown Regulatory Specialist II

Letter Number: 914A00025310

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	FE A 1
Crestwood House,LLC	20 P M
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	70 1P
The mailing address and street address of the principal o	ffice of the Limited Liability Company is:
The filming address and allow address of the principal of	En State Sta
Principal Office Address:	Mailing Address:
848 Crestwood Avenue	848 Crestwood Avenue
Titusville, Florida 32796	Titusville, Florida 32796
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own 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:
David McKnight	
Name	•
1170 Old Dixie Hwy.	
Florida street address (P.O. Box	x NOT acceptable)
Titusville	FL 32796
City	Zip

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

<u>[itle:</u> 'AMBR" = Authorized Member 'MGR" = Manager	Name and Address:
MGR	David McKnight
	1170 Old Dixie Hwy
	Titusville, FL 32796
AMBR	Bridgette McKnight
	1170 Old Dixie Hwy
	Titusville, FL 32796
V: Effective date, if other than the da	te of filing: <u>January 01,2015</u> . (OPTIONAL) specific and cannot be more than five business days prior to or
Use attachment if necessary) EV: Effective date, if other than the dateive date is listed, the date must be so filling.) EVI: Other provisions, if any.	te of filing: <u>January 01,2015</u> . (OPTIONAL) specific and cannot be more than five business days prior to or t
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