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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	
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Office Use Only



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EFFECTIVE DATE 0-915

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

DEC 3 1 2014 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CRYST/ Name of Lin	AILOR, LLC nited Liability Company
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
NADi	NE MOUSSALLI Name of Person
CRY	STAILOR, LLC
3621	S. ATLANTIC AVE.
CRYSTA	BEACH SHORES, FL 32118 ity/State and Zip Code ity/State and Zip Code
For further information concerning this matter, plea	ise call:
NADINE MOUSSALLI at (386 882-4442 Area Code Daytime Telephone Number ₽S S
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, \(\omega\) 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:		
CRYSTA! LOR (Must end with the words "Limited I	LLC	or "I I C ")
ARTICLE II - Address: The mailing address and street address of the principal of		ŕ
Principal Office Address:	Mailing Address:	
3621 S. ATLANTIC AVE. DAYTONA BEACH SHORES, FL 32118		
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 de	
The name and the Florida street address of the registered a	agent are:	
NADINE	Moussalli	
Florida street address (P.O. Box	LANTIC AVE	•
DAYTONA BEACH SHOR		
Having been named as registered agent and to accept serventhe place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the oblication. Chapte	the appointment as registered t f all statutes relating to the pro	agent and agree to act in this per and complete performance
Registered Agent's Signate	ire (REQUIRED)	12/18/14.
(CONTINUE	'D)	37113
Page 1 of 2	<i>D</i>)	2014 DEC 30 SEGRETARY ALLAHASS
		FILED 2014 DEC 30 A II: I SECRETARY OF STAT ALLAHASSEE, FLORE

Title:		Name and Address:			
"AMBR" = Authorized Member "MGR" = Manager	lember	NADINE	Mol	uss	ALLI
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2014

NADINE MOUSSALLI 3621 S. ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118

SUBJECT: CRYSTAILOR, LLC Ref. Number: W14000069878

We have received your document for CRYSTAILOR, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(4), 617.01201, or 605.0206, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

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.

Barbara Bostick Regulatory Specialist II

Letter Number: 014A00024633

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