## L1500017615

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

\* Gffice Use Only



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## **COVER LETTER**

TO: Registration Division of	on Section Corporations		
SUBJECT: Cros	sfit I and I		
. '	Name of Lin	mited Liability Company	
The enclosed Article	es of Organization and fee(s) ar	re submitted for filing.	
Please return all corr	respondence concerning this ma	natter to the following:	
West C	Cornwell		
		Name of Person	
		Firm/Company	-
		, ,	
1534 C	arroll Street	Address	-
01	. 51 00555		
Clearwa	ater, FL 33755	City/State and Zip Code	-
west.cornwell	@yahoo.com		
	-	ed for future annual report notification)	
For further informat	ion concerning this matter, ple	ease call:	
West Cornwell		727 773-6161	
N	ame of Person	Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:	Paris	21
□ \$125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	osed)
R D P.	lailing Address egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	유 (T) 9: 33

## ' ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

F	I and I, LLC				
•	(	Must end with the words "l	Limited Liability (	Company, "L.L.C.,"	or "LLC.")
	ARTICLE II - Addre	ess:			
	The mailing address ar	nd street address of the prin	icipal office of the	Limited Liability C	Company is:
	Principal Office Add	ress:	<u>Mailin</u>	g Address:	
	1534 Carroll Street			Carroll Street	
	Clearwater, FL 3375	55	Cleary	vater, FL 33755	
		y with an active Florida reg			
		West Cornwell	Name		
		4504.0 !! 0	Name		
		1534 Carroll Street Florida street address (P	O. Box NOT acc	eptable)	•
		Clearwater		33755	
		City	FL_	Zip	•
	the place designate capacity. I further a	ed in this certificate, I hereb gree to comply with the pro	ry accept the apport visions of all statu	intment as registered tes relating to the pr f my position as regi	stated limited liability company d agent and agree to act in this coper and complete performanc istered agent as provided for in
			2	1	_
		Registered Agent	's Signature (REQ	UIRED)	
		(CO	NTINUED)		A 20

Page 1 of 2

2015 JAN 12 PM 3: 33
IALLAHASSEE FLORIBA

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	
'MGR" = Manager	West Cornwell
MGR	1534 Carroll Street
	Clearwater, FL 33755
	Oleal Water, 1 E 557 55
MGR	Aaron Cornwell
	1534 Carroll Street
	Clearwater, FL 33755
<del></del>	
ctive date is listed, the date mu	the date of filing: (OPTIONAL) set be specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than active date is listed, the date must filling.)  E VI: Other provisions, if any.	the date of filing: (OPTIONAL) set be specific and cannot be more than five business days prior to or 9
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