## 4500019956

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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## **COVER LETTER**

TO:	Registration S Division of C					
SUBJ	ECT: Crawfo	rd's Nursery LLC				
3020			of R	esulting Florida	Limite	d Company)
						d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corr	espondence concernin	g th	is matter to:		
Charl	es R. Crawfor	<sup>r</sup> d				
		(Contact Person)			•	
Craw	ford's Nursery	<i>'</i>				
		(Firm/Company)			-	
3100	Ranch Rd.					
		(Address)			-	
Melbo	ourne, FL 329	04				
	. ((	City, State and Zip Code)			-	
crawo	laddy9361@ <u></u> დ	mail.com				
E-ir	nail Address: (to b	e used for future annual re	port	notifications)	•	
For fu	rther information	on concerning this ma	tter,	please call:		
Charl	es R. Crawfor	d	at	(321	<sub>\</sub> 480-	3793
	(Name of Conta	ct Person)		(Area Code)	(Day	time Telephone Number)
Enclos	sed is a check f	or the following amou	nt:			
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing d Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRE	ET ADDRESS	S:		MAILI	NG A	DDRESS:
	ration Section			Registra		
	on of Corporati	ons				orporations
	a Building Executive Cente	ar Circle		P. O. Be		27 FL 32314
	assee, FL 3230			i aiialla	osce, i	L J2J14

INHS11 (02/14)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Crawford's Nursery LLC		
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the p	rincipal office of the Limited Lia	ability Company is:
D. t t 1 OfC Add	Moiling Adduses	
Principal Office Address:	Mailing Address:	
3100 Ranch Rd.	3100 Ranch Rd.	
Melbourne, FL 32904	Melbourne, FL 32904	
		<del></del>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis	d Office, & Registered Agent's stered Agent. You must designate an indivi-	: Signature: dual or another
business entity with an active Florida registration.)		
The name and the Florida street address of the	registered agent are:	TY B
Charles R. Crawford		FILE 2015 JAW 22 SECHELATION FALLATIASSI
Nam	e	<b>製製</b>
Num		22 Williams
3100 Ranch Rd.		
Florida street address (P.C		
•	). Box NOT acceptable)	STS
·	<del></del>	H IO: 20 STATE FLORIDA
<u>Melbourne</u> City	D. Box <u>NOT</u> acceptable)  FL 32904  Zip	AN 10: 20 OF STATE OF FLORIDA

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>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Mgr	Charles R. Crawford
(Use attachment if necessary)	
• *	
TICLE V: Effective date, if other than the n effective date is listed, the date must	te date of filing: 1/30/2015 (OPTIONAL) = to be specific and cannot be more than five business days pflo
FICLE V: Effective date, if other than the n effective date is listed, the date must 90 days after the date of filing.) FICLE VI: Other provisions, if any.	t be specific and cannot be more than five business days pflor
n effective date is listed, the date must 90 days after the date of filing.)  FICLE VI: Other provisions, if any.	the date of filing: 1/30/2015 (OPTIONAL) to be specific and cannot be more than five business days pflow 22
reffective date is listed, the date must 90 days after the date of filing.)  TICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0203 (constitutes an affirmation under the pen I am aware that any false information su	to be specific and cannot be more than five business days pflow  22  22  22  23  24  25  26  27  27  28  28  29  20  20  20  20  20  20  20  20  20
REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0203 (constitutes an affirmation under the pen I am aware that any false information succonstitutes a third degree felony as proven the section of the section of the pen I am aware that any false information succonstitutes a third degree felony as proven the section of the se	the specific and cannot be more than five business days pflower or an authorized representative of a member.  (1) (b) Florida Statutes, the execution of this document halties of perjury that the facts stated herein are true, abmitted in a document to the Department of State yided for in s.817.155, F.S.)