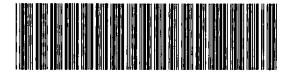
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(Re	equestor's Name)	- · · · · · · · · · · · · · · · · · · ·
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Certified Copies	_ Certificates	s of Status
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ALL ANASSE FLORIDA

FEB 24 2015

J. BRUCE

COVER LETTER

		n Section Corporations							
SUBJECT	: Crouch	n Construction and Con Name of		ig LLC. ited Liability (Company				
The enclose	ed Article	s of Organization and fee((s) are	submitted for	r filing.				
Please retur	n all corr	espondence concerning th	is ma	tter to the foll	owing:				
	Michael	Crouch							
				Name of Per	rson				
				Firm/Compa	any	·		_	
	40500.6	N h l							
	135 <u>08</u> C	Cambridge Lane		Address				-	
	Naples,	Florida 34109	Cit	y/State and Z	in Code			_	
4 . 11 . 0					p cour			20	
<u>Imike2</u>	25c@yah	E-mail address: (to be	used	for future ann	ual report notific	ation)	;;	2015	es estimates
For further	informatio	on concerning this matter,				,	NETARY NETARY	81833	S ACTIVITIES OF THE PERSON OF
Michael Cr	rouch	a	at (<u>23</u>	39) 5	95 <u>- 0</u> 873		1, th	7	£.1
	Nai	me of Person		Area Code		elephone Number	STATE STATE	3: 43	23 A T-1
Enclosed is	a check fo	or the following amount:					3.5111	ω	
] \$125.00 Fil	ing Fee	☑\$130.00 Filing Fee & Certificate of Status		S155.00 F Certified ((additional co		S160.00 Filin Certificate o Certified Cop (additional cop	f Status a		
		illing Address gistration Section			eet/Courier Add	iress_			

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Crouch Consturction and Consulting LLC.	d Liability Company, "L.L.C.," or "LLC.")	_
	u Liability Company, E.E.C., of EEC.	
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1040 Collier Center Way #7 Naples, Florida 34110	13508 Cambridge Lane Naples, Florida 34109	
ivapies, Fiorida 34110	Trapies, Florida 94109	<u> </u>
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	n Registered Agent. You must designate an inc	lividual or
The name and the Florida street address of the registered	d agent are:	
Michael Crouch		
Name	e	
13508 Cambridge Lane Florida street address (P.O. Bo	x <u>NOT</u> acceptable)	
Naples	FL 34109	
City	Zip	
Having been named as registered agent and to accept so the 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 o	pt the appointment as registered agent and agro s of all statutes relating to the proper and comp bligations of my position as registered agent as	ee to act in this lete performance
Chap	pter 605, F.S	2015
Registered Agent's Sign.	ature (REQUIRED)	FEB 18
(CONTINU	N ED)	
Page 1 of	2	± ± 5 ± 5 ± 5 ± 5 ± 5 ± 5 ± 5 ± 5 ± 5 ±

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR\	Michael Crouch
	13508 Cambridge Lane
	Naples, Florida 34109
	and the state of t
	
EV: Effective date, if other than the date ective date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ective date is listed, the date must be spor filling.)	e of filing:
E V: Effective date, if other than the date ective date is listed, the date must be spor filling.)	e of filing:
ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
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E V: Effective date, if other than the date ective date is listed, the date must be spot filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 60 constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor	e of filing:
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