

L15000054255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

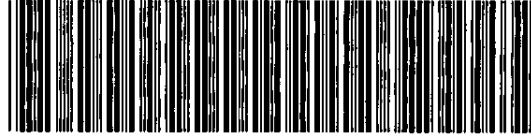
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W15-19270

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. B. Bureh MAR 27 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRFM LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine Burns
Name of Person

Firm/Company

PO Box 488
Address

Ponte Vedra Beach FL 32082
City/State and Zip Code

cburns@C-r-foods.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Burns at (904) 273-4304
Name of Person Area Code Daytime Telephone Number

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2015

CHRISTINE BURNS
PO BOX 488
PONTE VEDRA BEACH, FL 32004

SUBJECT: CRFM LLC
Ref. Number: W15000019273

15 MAR 25 AM 10:00
BUREAU OF CORPORATIONS
INFORMATION SERVICES

We have received your document for CRFM 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):

Your document must be in portrait format, not landscapes, proper forms are enclosed.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 415A00005476

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CRFM LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

105 Red Maple Court
Porte Vea Bch FL 32082

Mailing Address:

PO Box 486
Porte Vea Bch FL 32004

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Janet K.B. O'Neill

Name

1009 21st Str N

Florida street address (P.O. Box NOT acceptable)

Jacksonville Bch FL 32250

City

Zip

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TALLAHASSEE, 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.

Janet K.B. O'Neill

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Robert Franco

Christine Burns

157 Azalea Pt Dr S

Ponte Vedra Beach FL 32082

AMBR

157 Azalea Pt Dr S

Ponte Vedra Beach FL 32082

AMBR

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/23/15 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

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TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

Christine Burns

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Christine Burns

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)