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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

Office Use Only

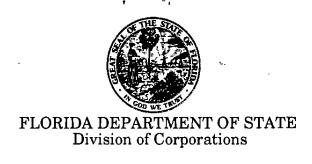


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J. Stevers MAY 1 4 2015



April 24, 2015

KATHRYN CREWS 2101 SW RACQUET CLUB DR PALM CITY, FL 34990

SUBJECT: CREWS COMMUNICATIONS, LLC

Ref. Number: W15000028937

We have received your document for CREWS COMMUNICATIONS, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Letter Number: 015A00008373

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corpora				
SUBJI	ECT: <u>Crews Commu</u>		nited Liability Com	pany	
The en	closed Articles of Orga	nization and fee(s) ar	e submitted for fili	ng.	
Please	return all corresponden	ce concerning this ma	atter to the followir	ng:	
	Kathryn Crews	***			
			Name of Person		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	2101 SW Racqu	et Club Dr.	Address		
	Palm City, FL349		ity/State and Zip C	ode	
<u>ka</u>	nthryncrews@gmail.co E-mai				tion)
For fur	ther information concer	ning this matter, plea	se call:		
<u>Kathr</u>	n Crews Name of Per	at (<u>2</u>	203) 581-2 Area Code		ephone Number
Enclos	ed is a check for the foll	owing amount:			·
□ \$ 125.0		0.00 Filing Fee & rtificate of Status	□\$155.00 Filing Certified Copy (additional copy	,	□\$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Crews Consulting, 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: Mailing Address:	
2101 SW Racquet Club Dr. 2101 SW Racquet C Palm City, FR 34990 Palm City, FL 134990	ilub Dr.
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:	
<u>Kathryn Crews</u>	
2101 SW Racquet Club Dr.	
Florida street address (P.O. Box NOT acceptable) Palm City FL 34990	
City / State Zip	
Taving been named as registered agent and to accept service of process for the above stated limited liability company at to place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. Turther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, as In familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.	I
Registered Agent's Signature (REQUIRED)	1:5 M
(CONTINUED)	7
Page 1 of 2	MH 9:56

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMP (2)	Kathryn Crews 2101 SW Racquet Club Dr Palm City, FL 34990
	- 121111 211 31 110 -
	*
(Use attachment if necessary) EV: Effective date, if other than the datective date is listed, the date must be sof filing.)	te of filing: May 9, 2015 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
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