(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	<del>)</del>
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	)
	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Div	ivision of Corporations	
SUBJECT:	Crabby Craig's Fishing Co., LLC	
50500011	Name of Limited Liability	y Company
The enclosed	ed Articles of Organization and fee(s) are submitted for	or filing.
Please return	rn all correspondence concerning this matter to the fol	llowing:
	Thomas M. Dryden	
-	Name of P	erson
	Thomas M. Dryden, P.L.	
-	Firm/Com	pany
	1705 Colonial Blvd., Ste. B-3	
-	Addres	is
	Fort Myers, FL 33907	
_	City/State and crabbycharters@gmail.com	Zip Code
	E-mail address: (to be used for future an	nual report notification)
For further in	nformation concerning this matter, please call:	
	Thomas M. Dryden 239	337-2001
_	Name of Person Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:	
]\$125.00 Fili	Certificate of Status Certified	Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	treet Address  lew Filing Section  Division of Corporations  Clifton Building  661 Executive Center Circle  Callahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Emitted Elac	oility Company is:			
	only Company is:			 c
Crabby Craig's Fig	shing Co., LLC			27
	nd with the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	6 1 7) 1 1)
ARTICLE II - Address:				"} "
The mailing address and stree	et address of the principal o	ffice of the Limited	Liability Company is:	<u> </u>
Princ	cipal Office Address:		Mailing Address:	
5605 SW 12th Av			5 SW 12th Ave. #208	
Cape Coral, FL 33	3914	<u>Cap</u>	e Coral, FL 33914	
The name and the Florida stre	_	·		
The name and the Florida stre	_	·		
The name and the Florida stre	eet address of the registered	l agent are:		
The name and the Florida stre	eet address of the registered  Craig Best	Name	cceptable)	
The name and the Florida stre	Craig Best  5605 SW 12th Ave.,	Name	cceptable)	
The name and the Florida stre	Craig Best  5605 SW 12th Ave., Florida street addres	Name #208 s (P.O. Box NOT a	• ,	
Having been named as registere place designated in this certifica further agree to comply with the	Craig Best  Craig Best  5605 SW 12th Ave., Florida street addres  Cape Coral  City  ed agent and to accept serviate, I hereby accept the appear of all statutes re	Name #208 s (P.O. Box NOT at FL State ice of process for the ointment as registered atting to the proper	33914	capacity. I duties, and

Page 1 of 2

(CONTINUED)

l'itle:	Name and Address:	<u> </u>
AMBR" = Authorized Member		
MGR" = Manager		
AMBR	Craig Best	
	5605 SW 12th Ave., #208	rin (
	Cape Coral, FL 33914	
		<u> </u>
·		
		<del></del>
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		-
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)	e of filing:ecific and cannot be more than five busine	ss days prior to or 90 o
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ctive date is listed, the date must be sp f filing.)	ecific and cannot be more than five busine meet the applicable statutory filing requirem	ss days prior to or 90 o
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EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) the date inserted in this block does not inent's effective date on the Department EVI: Other provisions, if any.  REQUIRED SIGNATURE:	meet the applicable statutory filing requirem of State's records.	ents, this date will not a member.
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CV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) the date inserted in this block does not a nent's effective date on the Department CVI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a me This document is executed and aware that any fals	meet the applicable statutory filing requirem of State's records.	ents, this date will not a member.  (b), Florida Statutes.
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EV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) the date inserted in this block does not intent's effective date on the Department EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a many This document is executed a many aware that any fals constitutes a third degree.	ember or an authorized representative of state in accordance with section 605.0203 (1) the information submitted in a document to the felony as provided for in s.817.155, F.S.	ents, this date will not a member.  (b), Florida Statutes.