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(Requestor's Name)	
,	
(Address)	
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(City/State/Zip/Phone #)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO: Registration Section Division of Corporations	Andrew S.
SUBJECT: O'Donnell Name of	Custom Crante LLC? Limited Liability Company
The enclosed Articles of Organization and fee(s	s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Richard	Toseph O'Donnell Name of Person
	Firm/Company
7323 Parksi	de Villas Dewe North
St peterburg	Florida 38709 City/State and Zip Code Company
E-mail address: (to be a	used for future annual report notification)
For further information concerning this matter, pl	lease call:
Richard O'Done Wat	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability C	Cranite LLC" ompany, "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:
O'Donnell, Richard 7323 Parkside Villas dr. Worth St peter fl 33709	7323 parkside villas Dr. 1 5+ pete fl 33709
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	

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

City (State Zip

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..

(existered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager M G R	Richard O'Donnell 7323 Parkside Villas Dc N. 5+ petr Fl 38709
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(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of fili	ng: (OPTIONAL)
the date of filing.)	and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed at the steed as t
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	1 O.D.

Commen.

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Richard Joseph O'Donnell
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)