

C16 000102042

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(Business Entity Name)

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FALL ARMS, MISSOURI, FLORIDA

6758



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 13, 2015

JAMES CRUICE JR  
PO BOX 1145  
DARIEN, CT 06820-1145

SUBJECT: CRUICE FAMILY LIMITED PARTNERSHIP LLC  
Ref. Number: W15000002301

We have received your document for CRUICE FAMILY LIMITED PARTNERSHIP 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 of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 315A00000673

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Cruise Family Partnership 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:

James S. H. Cruise Jr.  
Name of Person

Cruise Family Partnership LLC  
Firm/Company

PO Box 1145  
Address

Darien, CT 06820-1145  
City/State and Zip Code

jay@cruisefinancial.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Cruise at ( 203 ) 6560033  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cruice Family Partnership 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:

11634 SE Florida Avenue

PO Box 1145

Hobe Sound, FL

Darien, CT

33455

06820-1145

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:

James S. H. Cruice Jr.

Name

11634 SE Florida Avenue

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

Hobe Sound

FL 33455

City

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..*

Registered Agent Signature (REQUIRED)

(CONTINUED)

11 E.D.  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

James S. H. Cruice Jr.

68 Greenleaf Avenue

Darien, CT 06820

AMBR

Charles S. Cruice

330 Palmetto Point

Vero Beach, FL 32963

AMBR

Cynthia L. Peterson

5171 S. Juniper Street

Littleton, CO 80123

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: May 31, 2016. (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.

All three AMBR's [as delineated above] are equal one third partners.

**REQUIRED SIGNATURE:**

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

(In accordance with section 605.0203 (1) of the 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.)

James S. H. Cruice Jr.

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)

FILED  
16 MAY 25 AM 11:44  
DEPARTMENT OF STATE  
TREASURY