

LI0000119983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300287201073

06/28/16--01003--003 **337.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
16 JUN 27 PM 4:39

RECEIVED
16 JUN 27 PM 4:05

DEPARTMENT OF STATE

JUN 27 2016

T SCHROEDER

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312

(850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

Date: 6-27-16

ENTITY NAME:

CRA CONSTRUCTION ENTERPRISES
LLC

****PLEASE FILE THE ATTACHED AND RETURN:****

X

Plain Copy

Certified Copy

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 125-

CHECK NUMBER: 2626

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

CRA CONSTRUCTION ENTERPRISES LLC

ARTICLE II ADDRESS

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

5110 CLOVER MIST DRIVE

APOLLO BEACH, FLORIDA 33572

ARTICLE III REGISTERED AGENT

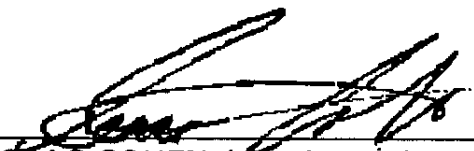
The name and the Florida street address of the registered agent are:

ISAAC COHEN

5110 CLOVER MIST DRIVE

APOLLO BEACH, FLORIDA 33572

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.

X 

ISAAC COHEN / Registered Agent's signature

FILED
16 JUN 27 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAGE 2 CRA CONSTRUCTION ENTERPRISES LLC

ARTICLE IV

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

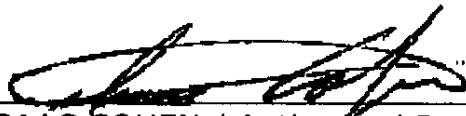
AUTHORIZED MEMBER

ISAAC COHEN

5110 CLOVER MIST DRIVE

APOLLO BEACH, FLORIDA 33572

X



ISAAC COHEN / Authorized Representative's signature

(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.)

FILED
16 JUN 27 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA