

L11000175230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

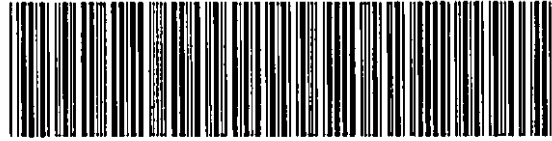
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/15/17--01024--009 **155.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: High West 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:

Jacob Corlyon

Name of Person

High West LLC

Firm/Company

238 West Division Street

Address

Syracuse, New York 13204

City/State and Zip Code

Jake@CapitalCollect.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob Corlyon 315 729-3702

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &
Certificate of Status ☒ \$155.00 Filing Fee &
Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
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:

High West LLC

(Must contain 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:

238 West Division Street
Syracuse, NY 13204

Mailing Address:

238 West Division Street
Syracuse, NY 13204

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:

Albert Crawford

Name

181 Nurmi Drive

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

Fort Lauderdale

FL

33301

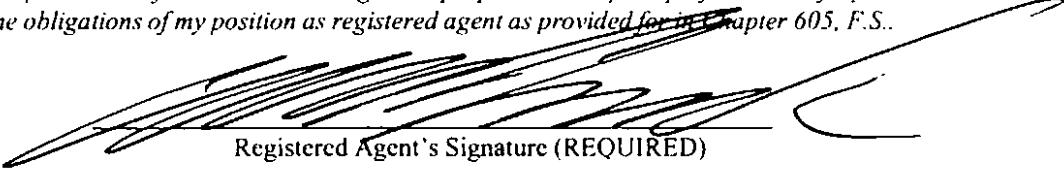
City

State

Zip

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CLERK OF STATE
TALLAHASSEE FLORIDA

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's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

MGR

See Attachment

Name and Address:

Albert Crawford

238 West Division Street

Syracuse, NY 13204

Jacob Corlyon

238 West Division Street

Syracuse, NY 13204

Tyler Crawford

238 West Division Street

Syracuse, NY 13204

See Attachment

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

(Use attachment if necessary)

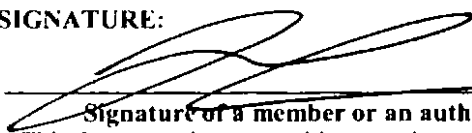
ARTICLE V: Effective date, if other than the date of filing: 08-15-2017 (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



MGR

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.

Jacob Corlyon

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)

ARTICLE IV- Continued

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

Title:

Name and Address:

"AMBR"= Authorized Member

"MGR"= Manager

MGR

Meghan Crawford
238 West Division Street
Syracuse, NY 13204

MGR

Alexandra Crawford
238 West Division Street
Syracuse, NY 13204

MGR

Christopher Panebianco
238 West Division Street
Syracuse, NY 13204

MGR

Juliana Murillo
238 West Division Street
Syracuse, NY 13204

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