

L180000048220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

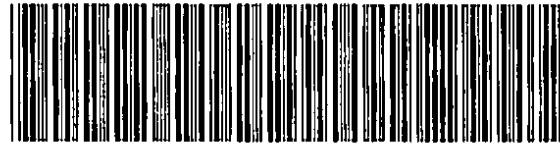
(Document Number)

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2018 FEB 26 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. PAGE  
FEB 26 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2018

CRYSTAL OWENS  
5235 W BOATWRIGHT CT  
LECANTO, FL 34461

SUBJECT: CYRSTAL ALWAYS THERE ADULT FAMILY CARE HOME LLC  
Ref. Number: W18000014894

*Crystal*

*Crystal*

We have received your document for CYRSTAL ALWAYS THERE ADULT FAMILY CARE HOME LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return 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) 245-6052.

Keyna E Page  
Regulatory Specialist II

Letter Number: 418A00003173

RECEIVED  
2018 FEB 26 PM 1:37  
CRYSTAL OWENS

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Crystal always There adult family care home 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:

Crystal Owens  
Name of Person

Crystal always There adult family care home LLC  
Firm/Company

5235 W Boettwright CT  
Address

Leecanto, FL 34461  
City/State and Zip Code

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

For further information concerning this matter, please call:

Crystal Owens at ( 352 ) 400-3672  
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 32310

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Crystal always There adult family care home 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:

5235 W Boatwright CT  
Lecanto FL 34461

Mailing Address:

SAME

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:

Crystal Owens  
Name  
5235 W Boatwright CT  
Florida street address (P.O. Box **NOT** acceptable)  
Lecanto FL 34461  
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.,

Crystal Owens  
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

AMBR

**Name and Address:**

Crystal Owens  
535 W. BOOTHWRIGHT CT  
TACOMA, FL 34461

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

Crystal Owens

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.

Crystal Owens

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)