

4/2/2018

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018-0211147 CST

From: Kimberly Laughrey

Division of Corporations

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (514)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.**

**Crazy Girl LLC**

|                       |                 |
|-----------------------|-----------------|
| Certificate of Status | 0               |
| Certified Copy        | 1               |
| Page Count            | 03              |
| Estimated Charge      | <b>\$155.00</b> |

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FLORIDA DEPARTMENT OF STATE  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

CRAZY GIRL 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:Mailing Address:CRAZY GIRL LLC, Attn: Brian Hanson  
2960 59th St. South, #414  
Gulfport, FL 33707CRAZY GIRL LLC, Attn: Brian Hanson  
14 Waters Lake Blvd  
Missouri City, TX 77459

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

C T Corporation System

Name

1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)Plantation,Florida33324

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 603, F.S.

C.T. Corporation System

By: Jane Zachritz

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Jane Zachritz  
Asst. SecretaryFILED  
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**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

Name and Address:

R. Brian Hanson

14 Waters Lake Blvd.

Missouri City, TX 77459

(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:**

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.

R. Brian Hanson

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)

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TALLAHASSEE, FLORIDA

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