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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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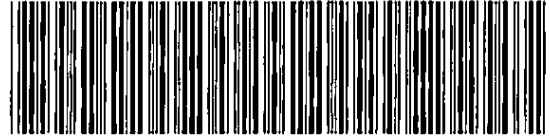
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 09 2018

T SCHROEDER

CAPITAE CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CROWN REAL ESTATE LLC

Signature _____

Requested by: BA

5/9/18

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
✓ ____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
✓ ____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**ARTICLES OF ORGANIZATION
OF
CROWN REAL ESTATE LLC**

The undersigned hereby certify that we have associated ourselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges and immunities of limited liability companies for profit and hereby adopt the following Articles of Organization for such limited liability company:

**ARTICLE I
NAME AND PRINCIPAL OFFICE**

The name of this limited liability company is CROWN REAL ESTATE LLC, and its principal office and mailing address is located at 191 MAIN PARKWAY, PLAINVIEW, NY 11803.

**ARTICLE II
DURATION**

The existence of this limited liability company shall be perpetual, commencing upon the filing of the Articles of Organization by the Florida Department of State.

**ARTICLE III
PURPOSE**

The purpose of this limited liability company is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV
MANAGER MANAGED**

The limited liability company will be manager managed and the names and addresses of the managers authorized to manage and control the limited liability company is:

Manager: DAVID ANTONACCI of 191 MAIN PARKWAY, PLAINVIEW, NY 11803.

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**ARTICLE V
INITIAL REGISTERED OFFICE AND AGENT**

The initial registered office of this limited liability company shall be located at 417 E. Virginia Street, Suite 1, Tallahassee, Florida 32301, and the initial registered agent of the limited liability company at that address shall be *Your Capital Connection, Inc.*

IN WITNESS WHEREOF, the undersigned, has executed these Articles of Organization for this limited liability company this _____ day of _____, 2018.



DAVID ANTONUCCI, authorized representative of Member

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

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.,

Dated this 9 day of May, 2018

YOUR CAPITAL CONNECTION, INC. as Registered Agent



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