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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

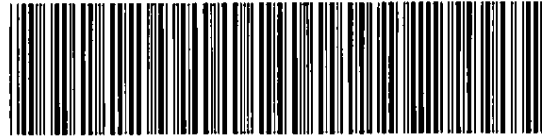
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 07 2018

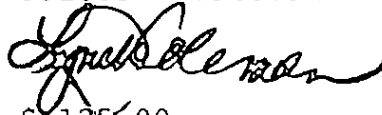
T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 331065 7946431

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : August 2, 2018

ORDER TIME : 2:11 PM

ORDER NO. : 331065-005

CUSTOMER NO: 7946431

DOMESTIC FILING

NAME: CRYSTAL PLACE LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Crystal Place 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:

James W. Bennett, Esq.
Name of Person
BENNETT SCHECHTER ARCURI & WILL LLP
Firm/Company
701 Seneca Street, Suite 609
Address
Buffalo, New York 14210
City/State and Zip Code
jbennett@bsawlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James W. Bennett, Esq. 716 242-8100
at ()
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:

Crystal Place LLC

ARTICLE II – Address

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

Principal Office Address:

Suite 140
6105 Transit Road
E. Amherst, NY 14051

Mailing Address:

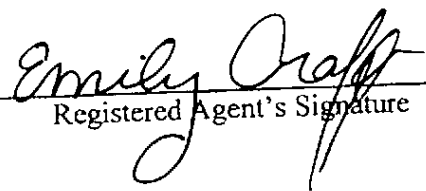
Suite 140
6105 Transit Road
E. Amherst, NY 14051

ARTICLE III – Registered Agent, Registered Office and Registered Agent's Signature:

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

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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

Emily Croft
Asst. Vice President

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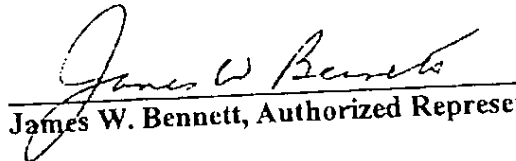
ARTICLE IV – Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Manager	David A. Huck 6105 Transit Road E. Amherst, NY 14051

ARTICLE V

Effective date is the date of filing.

REQUIRED SIGNATURE:


James W. Bennett, Authorized Representative

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.

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TALLAHASSEE, FLORIDA