L18000226833

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
W18.83309		
Office Use Only		



09/17/18--01032--013 **125.00



COVER LETTER

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TO: New Filing Section Division of Corporations Ref. Number: W18000083309		
SUBJECT: <u>CRANE ON THE WAY LLC</u> 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:		
William C. Bogart Name of Person		
Firm/Company		
483 Pelican Nay		
Delray Beach FI. 33483 City/State and Zip Code <u>bill bogacto bell south</u> , net or 1. Marsha@gmail.con Esmail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
William Bugger t_at (301) 723-2200 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
S125.00 Filing Fee S130.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32314Clifton Building		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:



ARTICLE II - Address:

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

Principal Office Address: Mailing Address: <u>Velican N</u>

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:

William C. Bogart Naide 483 Pelican Way Florida street address (P.O. Box NOT acceptable) Delray Beach, Fl 33483 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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)



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ARTICLE IV-

. . .

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
(Use attachment if necessary)	
the date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any. N/A	
REQUIRED SIGNATURE:	Brann
Signature of a member or This document is executed in acc I am aware that any false informa constitutes a third degree felony a	authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes, tion submitted in a document to the Department of State as provided for in s.817.155, F.S.
William C. Be Typed	or printed name of signee

Filing Fees:

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)