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

From:  
Account Name : FL PATEL LAW PLLC  
Account Number : 120170000097  
Phone : (727)279-5037  
Fax Number : (727)888-1294

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

Email Address: Kalpesh@flpatellaw.com

**FLORIDA LIMITED LIABILITY CO.  
Crow Canyon Properties, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2019 JUL 31 PM 12:18

SECRETARY OF STATE  
CLERK OF SUPERIOR COURT  
19 JUL 31 PM 2:58



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## COVER LETTER

Tuesday, July 30, 2019

To: New Filing Section  
Division of Corporation

Subject:  
Crow Canyon Properties, 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:

Kalpesh J. Patel, Esq.  
FL Patel Law PLLC  
360 Central Avenue  
8<sup>th</sup> Floor  
St. Petersburg, Florida 33701  
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Kalpesh Patel at 727-279-5037 or e-mail at [contact@flpatellaw.com](mailto:contact@flpatellaw.com)

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

19 JUL 31 PM 2:58  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION  
FOR  
CROW CANYON PROPERTIES, LLC  
A  
Florida Limited Liability Company**

**ARTICLE I**

**Name**

The name of the Limited Liability Company is: Crow Canyon Properties, LLC (the Company).

**ARTICLE II**

**Address**

The mailing address and street address of the principal office of the Company is

1140 Eagle Point Drive  
St. Augustine, Florida 32092

**ARTICLE III**

**Registered Agent, Registered office, & Registered Agent's Signature:**

The name and the Florida Street Address of the Registered Agent are:

FL Patel Law PLLC  
360 Central Avenue #800  
Saint Petersburg, Florida 33701

*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..*

Kalpesh Patel

(sign)

Registered Agent

**(CONTINUED)**

ARTICLE IV:

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>Ambr</u>	Ross Robert McCabe 1140 Eagle Point Drive St. Augustine, Florida 32092
<u>Ambr</u>	Moiria Dotson McCabe 1140 Eagle Point Drive St. Augustine, Florida 32092

ARTICLE IV:

The Effective date shall be the date of filing.

Ross R. McCabe (sign)

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.

Ross Robert McCabe  
Authorized Representative/Member