Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

*** · ...

Fax Number : (850)617-6381

From:

Account Name : FL PATEL-LAW PLLC

Account Number : I20170000097 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

Electronic Filing Menu Corporate Filing Menu

Help



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:

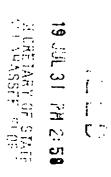
Kalpesh J. Patel, Esq. FL Patel Law PLLC 360 Central Avenue 8th Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

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

Kalpesh Patel at 727-279-5037 or e-mail at contact@flpatellaw.com

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

FL Patel Law PLLC



A franchista and parties

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

meer.

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..

Kolpesh Potel (sign)
Registered Agent

(CONTINUED)

ARTICLE IV:

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

Title AMBR = Authorized Member MGR = Manager	Name and Address
Ambr	Ross Robert McCabe 1140 Eagle Point Drive St. Augustine, Florida 32092
Ambr	Moira Dotson McCabe 1140 Eagle Point Drive 11. St. Augustine, Florida 32092, Al., 1980

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ARTICLE IV:

The Effective date shall be the date of filing.

Ross R. McCobe (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