

8/19/2019

L19000215438

Division of Corp.

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : TAX CARE CELEBRATION
Account Number : I20190000007
Phone : (786)845-8854
Fax Number : (321)473-3052

SECRETARY OF STATE
TALLAHASSEE, FL

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
CR DISCOUNT LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: CR DISCOUNT 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:

ILEANA COTTO RODRIGUEZ

Name of Person

CR DISCOUNT LLC

Firm/Company

1400 NW 107TH AVE. STE 430

Address

SWEETWATER, FL 33172

City/State and Zip Code

SUNBIZREG@TAXCAREINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ILEANA COTTO RODRIGUEZ

Name of Person

at (_____) _____
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

Street Address
New Filing Section
Division of Corporations
Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CR DISCOUNT LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1400 NW 107TH AVE. STE 430
SWEETWATER, FL 33172

Mailing Address:

1400 NW 107TH AVE. STE 430
SWEETWATER, FL 33172

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:

TAX CARE DORAL

Name

1400 NW 107TH AVE. STE 430

Florida street address (P.O. Box **NOT** acceptable)

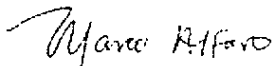
SWEETWATER FL 33172

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:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

ILEANA COTTO RODRIGUEZ

1400 NW 107TH AVE. STE 430

SWEETWATER, FL. 33172

SECRETARY OF STATE
TALLAHASSEE, FL

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

The purpose of the Limited Liability Company is to engage in any lawful activity for which a Limited Liability Company may be organized in the state of Florida

REQUIRED SIGNATURE:

ILEANA RODRIGUEZ

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.

Lleana Cotto Rodriguez

Typed or printed name of signer

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)