(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer.					

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COVER LETTER

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	New Filing Section Division of Corporations						
CHD IEC	Crown Point Development, LL						
SUBJECT: Name of Limited Liability Company							
The enclo	sed Articles of Organization and fee(s) are submitted	for filing.				
Please reti	urn all correspondence concerning thi	s matter to the f	ollowing:				
	Daniel E. Manausa						
		Name of	Person				
	Manausa Law Firm						
		Firm/Company					
	1701 Hermitage Boulevard, Suite 100						
		Address					
	Tallahassee, Florida 32308						
	Danny@manausalaw.com	City/State an	d Zip Code				
	E-mail address: (to be	used for future a	nnual report notificati	on)			
For further	information concerning this matter, p	lease call:					
	Daniel Manausa	850	597-7616				
	Name of Person	t (Area Code	Daytime Telephone				
Enclosed	is a check for the following amount:						
	0 Filing Fee	s Certifi	5.00 Filing Fee & ed Copy al 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 Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Crown Point Developm	nent, LLC			
(Must co	natin the words "Limited	Liability Company, "L.L.C.," or "L.	LC.")	
ARTICLE II - Address:				
he mailing address and street	address of the principal of	ffice of the Limited Liability Comp	any is:	
<u>Princi</u>	ipal Office Address:	<u>Mail</u>	ing Address:	
1843 Commerce Blvd		1843 Commerce Blvd		
Midway, FL 32343		Midway, FL 32343	Midway, FL 32343	
\RTICLE III - Registered A	gent, Registered Office,	& Registered Agent's Signature:		
	ny cannot serve as its own n active Florida registration at address of the registered	d agent are:	nate an individual or	
The Limited Liability Compar another business entity with an	ny cannot serve as its own n active Florida registration	Registered Agent. You must design on.) d agent are:	nate an individual or	
The Limited Liability Compar mother business entity with an	ny cannot serve as its own n active Florida registration at address of the registered	Registered Agent. You must design on.) d agent are: of Manausa Law Firm	nate an individual or	
The Limited Liability Compar another business entity with an	ny cannot serve as its own n active Florida registration at address of the registered	Registered Agent. You must design on.) d agent are: of Manausa Law Firm Name	nate an individual or	
The Limited Liability Compar another business entity with an	ny cannot serve as its own n active Florida registration et address of the registered Daniel E. Manausa c/o o	Registered Agent. You must design on.) d agent are: of Manausa Law Firm Name	nate an individual or	

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(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	Name and Address:					
"MGR" = Manager						
MGR	Rudy Rowe					
*	1843 Commerce Blvd					
	Midway, FL 32343					
						
						
If an effective date is listed, the date must be the date of filing.)	specific and cannot be more than five business days prior to or 90 days after					
Note: If the date inserted in this block does not the document's effective date on the Departme	it meet the applicable statutory filing requirements, this date will not be listed as nt of State's records.					
ARTICLE VI: Other provisions, if any.						
REQUIRED SIGNATURE:						
Signature of a	member or an authorized representative of a member.					
	cuted 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 deg	ree felony as provided for in s.817.155, F.S.					
Daniel E. Manausa						
	Typed or printed name of signee					

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)