## 12000311657

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

Office Use Only



900353571869 TALLAHASSEE, FL

N CULLY 14

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 448484 4301677
AUTHORIZATION: Symulocle man
COST LIMIT : \$ 125.00
ORDER DATE : October 6, 2020
ORDER TIME : 11:05 AM
ORDER NO. : 448484-005
CUSTOMER NO: 4301677
DOMESTIC FILING
NAME: CRYSTAL INVESTORS LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP  XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Amanda Robinson - EXT. 62968
EXAMINER'S INITIALS:

## COVER LETTER

	ew Filing Se ivision of Co					
SUBJECT		ivestors LLC				
30131.01	•	Nar	ne of Lin	nited Liabili	ty Company	
The enclose	ed Articles o	f Organization and	fee(s) are	e submitted	for filing.	
Please retui	m all corresp	ondence concernin	g this ma	itter to the f	ollowing:	
	Max Stolzb	oerg				
				Name of	Person	
	c/o Max In	vestments LLC				
				Firm/Co	mpany	
	1112 Crysta	al Drive				
			<u> </u>	Addre	255	
	Palm Beach	n Gardens, FL 3341	8			
		· · · · · · · · · · · · · · · · · · ·	С	ity/State and	d Zip Code	
<u> </u>	mstolzberg@		hod	6- 6	nnual report notificati	
					ппиаттероп поинсан	on)
For further in	iformation co	oncerning this matte	er, please	call:		
	Max Stolzbo	erg	91 at (	4	548-8218	
	Nan	ne of Person		ea Code	Daytime Telephon	e Number
Enclosed is	a check for	the following amou	nt:			
□\$125.00	Filing Fee	□\$130.00 Filin Certificate of St		Certifie	6.00 Filing Fee & ed Copy ed Copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailii	ng Address			Street Address	
		Filing Section			New Filing Section Di	
		on of Corporations Box 6327			The Centre of Tallaha 2415 N. Monroe Stree	
		nassee, FL 32314			Tallahassee, FL 3230.	

FILEN

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

2020 OCT 12-AM 106 33

SECRETARY OF STATE

ARTICLE 1 - Name: .

The name of the Limited Liability Company is:

Crystal Investors LLC

(Must conatin the words "Limited Liability Company, "L.L.C.," or "LEC.")

ARTICLE II - Address:

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

## Principal Office Address:

Mailing Address:

c/o Crystal Investors LLC

1112 Crystal Drive

Palm Beach Gardens, FL 33418

c/o Crystal Investors LLC.

1112 Crystal Drive.

Palm Beach Gardens, FL 33418

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:

Max Stolzberg

Name

1112 Crystal Drive .

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

Palm Beach Gardens

.FL

ว่าวุ่นเล่

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..

р.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member  Managing Mem	Title:	Name and Address:	
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occurrent's effective date on the Department of State's records.  REQUIRED SIGNATURE:  Signature FFa preprise or an authorized representative of a member.  This document is exceeded in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any lates information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Max Stolzberg  Typed or printed name of signee  Filing Fees:	"AMBR" = Authorized Member		(A) DO
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  I effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days ate of filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occurrent. Seffective date on the Department of State's records.  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature by a stepather or an authorized representative of a member.  This document is extended 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.  Max Stolzberg  Typed or printed name of signee  Filing Fees:		i —	Ď S
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days ate of filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occurrently of the provisions, if any.  REOUIRED SIGNATURE:  Signature 5r a negative for an authorized representative of a member.  This document is excluded 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.  Max Stolzberg  Typed or printed name of signee  Filing Fees:		Max Stolzberg	
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  I effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days ate of filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occurrent. Seffective date on the Department of State's records.  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature by a stepather or an authorized representative of a member.  This document is extended 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.  Max Stolzberg  Typed or printed name of signee  Filing Fees:	Wangaring Comments		
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  I effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days ate of filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed to the Department of State's records.  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a neighbor or an authorized representative of a member.  This document is expected 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.  Max Stolzberg  Typed or printed name of signee		Fann Beach Galdens, 1 22	₹ —
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  I effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days ate of filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed to the Department of State's records.  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a neighbor or an authorized representative of a member.  This document is expected 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.  Max Stolzberg  Typed or printed name of signee		▼	<b>変 る</b>
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  I effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days ate of filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed to the date on the Department of State's records.  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a negative 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.  Max Stolzberg  Typed or printed name of signee			- ·
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  I effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days ate of filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed to the date on the Department of State's records.  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a negative 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.  Max Stolzberg  Typed or printed name of signee			র <del>স</del> ৈ
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  I effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days ate of filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed to the date on the Department of State's records.  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a negative 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.  Max Stolzberg  Typed or printed name of signee			/ G
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing	•	<u> </u>	5 %
ICLE V: Effective date, if other than the date of filing.  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days at of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed to current's effective date on the Department of State's records.  REQUIRED SIGNATURE:  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.  Max Stolzberg  Typed or printed name of signee			37
REQUIRED SIGNATURE:  Signature of a negative date 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  Name of State of Filing.  Signature of a negative 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.  Max Stolzberg  Typed or printed name of signee			
CLE V: Effective date, if other than the date of filing.  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days are of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occurrent's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  Signature of a negative 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.  Max Stolzberg  Typed or printed name of signee			
REQUIRED SIGNATURE:  Signature of a negative date 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  Name of State of Filing.  Signature of a negative 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.  Max Stolzberg  Typed or printed name of signee			<u>•</u>
REQUIRED SIGNATURE:  Signature of a negative date 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  Name of State of Filing.  Signature of a negative 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.  Max Stolzberg  Typed or printed name of signee	· ·		- '
CLE V: Effective date, if other than the date of filing.  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days are of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occurrent's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  Signature of a negative 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.  Max Stolzberg  Typed or printed name of signee			_
CLE V: Effective date, if other than the date of filing.  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days are of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occurrent's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  Signature of a negative 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.  Max Stolzberg  Typed or printed name of signee			
CLE V: Effective date, if other than the date of filing.  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days are of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occurrent's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a negative of 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.  Max Stolzberg  Typed or printed name of signee	(11	1	
RECURE Of the date in other than the date of thing effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days the of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occurrent's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a pheriby 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.  Max Stolzberg  Typed or printed name of signee  Filing Fees:	(Ose anachment it necessary)		
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.  Max Stolzberg  Typed or printed name of signee  Filing Fees:	te of filing.)  If the date inserted in this block does	not meet the applicable statutory filing requirements, this date will n	
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.  Max Stolzberg  Typed or printed name of signee  Filing Fees:	te of filing.)  If the date inserted in this block does cument's effective date on the Department.	not meet the applicable statutory filing requirements, this date will n	
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.  Max Stolzberg  Typed or printed name of signee  Filing Fees:	te of filing.)  If the date inserted in this block does cument's effective date on the Department.	not meet the applicable statutory filing requirements, this date will n	
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.  Max Stolzberg  Typed or printed name of signee  Filing Fees:	te of filing.)  If the date inserted in this block does cument's effective date on the Department.	not meet the applicable statutory filing requirements, this date will n	
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.  Max Stolzberg  Typed or printed name of signee  Filing Fees:	te of filing.)  If the date inserted in this block does cument's effective date on the Department.	not meet the applicable statutory filing requirements, this date will n	
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.  Max Stolzberg  Typed or printed name of signee  Filing Fees:	te of filing.)  If the date inserted in this block does cument's effective date on the Department.	not meet the applicable statutory filing requirements, this date will n	
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.  Max Stolzberg  Typed or printed name of signee  Filing Fees:	te of filing.)  If the date inserted in this block does cument's effective date on the Department's effective date on the Department's Other provisions, if any.	not meet the applicable statutory filing requirements, this date will n	
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.  Max Stolzberg  Typed or printed name of signee  Filing Fees:	te of filing.)  If the date inserted in this block does cument's effective date on the Department's effective date on the Department's Other provisions, if any.	not meet the applicable statutory filing requirements, this date will n	
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.  Max Stolzberg  Typed or printed name of signee  Filing Fees:	te of filing.)  If the date inserted in this block does becoment's effective date on the Department's effective date on the Department's effective date on the Department's effective date on the Department of th	not meet the applicable statutory filing requirements, this date will neet of State's records.	
Constitutes a third degree felony as provided for in s.817.155, F.S.  Max Stolzberg  Typed or printed name of signee  Filing Fees:	te of filing.)  If the date inserted in this block does becoment's effective date on the Department's effective of the Signature of the Sig	not meet the applicable statutory filing requirements, this date will need of State's records.	of be liste
Typed or printed name of signee  Filing Fees:	te of filing.)  If the date inserted in this block does becoment's effective date on the Department's effective date on the Department's effective date on the Department's effective date on the Department is established.  REQUIRED SIGNATURE:  Signature of This document is established.	a pheriber or an authorized representative of a member.	of be liste
Typed or printed name of signee  Filing Fees:	te of filing.)  If the date inserted in this block does becoment's effective date on the Department's effective date on the Department of the D	a negative of a newber.  xaccided in accordance with section 605.0203 (1) (b), Florida Statute (also information submitted in a document to the Department of Statute (also information submitted in a document to the Department of Statute (also information submitted in a document to the Department of Statute (also information submitted in a document to the Department of Statute (also information submitted in a document to the Department of Statute (also information submitted in a document to the Department of Statute (also information submitted in a document to the Department of Statute (also information submitted in a document to the Department of Statute (also information submitted in a document to the Department of Statute (also information submitted in a document to the Department of Statute (also information submitted in a document to the Department of Statute (also information submitted in a document to the Department of Statute (also information submitted in a document to the Department of Statute (also information submitted in a document to the Department of Statute (also information submitted in a document to the Department of Statute (also information submitted in a document to the Department (also information submitted in a document to the Department (also information submitted in a document to the Department (also information submitted in a document to the Department (also information submitted in a document to the Department (also information submitted in a document to the Department (also information submitted in a document to the Department (also information submitted in a document to the Department (also information submitted in a document to the Department (also information submitted in a document to the document submitted in a document submitted submitted submitted submitted submitte	of be liste
Filing Fees:	re of filing.)  If the date inserted in this block does becoment's effective date on the Department's effective date of t	a phember or an authorized representative of a member.  xedited in accordance with section 605.0203 (1) (b), Florida Statute false information submitted in a document to the Department of Stategree felony as provided for in s.817.155, F.S.	of be liste
Filing Fees:	re of filing.)  If the date inserted in this block does becoment's effective date on the Department's effective date of t	a phember or an authorized representative of a member.  xedited in accordance with section 605.0203 (1) (b), Florida Statute false information submitted in a document to the Department of Stategree felony as provided for in s.817.155, F.S.	of be liste
C126 On Filling Fee for Articles of Organization and Designation of Registered Agent	re of filing.)  If the date inserted in this block does becoment's effective date on the Department's effective date of t	a nember or an authorized representative of a member.  xactured in accordance with section 605.0203 (1) (b), Florida Statute false information submitted in a document to the Department of Stategree felony as provided for in s.817.155, F.S.	of be liste
2172-200 Linds Legist 1 At ricies of Or Samwarou and Designation of McPasses as 1.82.	REQUIRED SIGNATURE:  Signature of This document is examined in this block does becoment's effective date on the Department's effective date on the Department is examined as a signature of the second	a phember or an authorized representative of a member.  xedited in accordance with section 605.0203 (1) (b), Florida Statute false information submitted in a document to the Department of Stategree felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:	of be liste
	REQUIRED SIGNATURE:  Signature of This document is entered in this block does becoment's effective date on the Department's effective date on the Department is any.  REQUIRED SIGNATURE:  Signature of This document is entered in any aware that any constitutes a third domain in the Max Stolzbe.  \$125.00 Fitting Fee for Articles of \$30.00 Certified Copy (Options)	a negrity or an authorized representative of a member.  xactive in accordance with section 605.0203 (1) (b), Florida Statute false information submitted in a document to the Department of Stategree felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:  If Organization and Designation of Registered Agent al)	of be liste
\$ 5.00 Certificate of Status (Optional)	re of filing.)  If the date inserted in this block does becoment's effective date on the Department's effective date on the Department's effective date on the Department is any.  REQUIRED SIGNATURE:  Signature of This document is any aware that any constitutes a third downstitutes	a negrity or an authorized representative of a member.  xabouted in accordance with section 605.0203 (1) (b), Florida Statute false information submitted in a document to the Department of Stategree felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:  If Organization and Designation of Registered Agent al)  pational)	of be liste