

6200000311796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

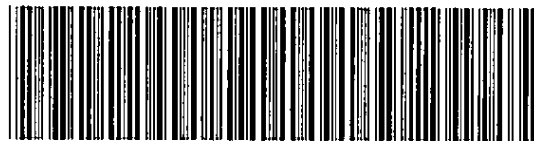
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Office Use Only

J. FASON

OCT 13 2020



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### COVER LETTER

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

**SUBJECT:** Crystal Rentals

\_\_\_\_\_  
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:

Crystal A. Atkinson

\_\_\_\_\_  
Name of Person

Crystal Rentals, LLC

\_\_\_\_\_  
Firm/Company

1209 W 10th Street

\_\_\_\_\_  
Address

Riviera Beach, Florida 33404

\_\_\_\_\_  
City/State and Zip Code

crystalatkinson64@yahoo.com

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

For further information concerning this matter, please call:

Crystal A. Atkinson

561

236 4183

at (\_\_\_\_\_) \_\_\_\_\_

Name of Person

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  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Alvin R. Atkinson  
1209 W 10th Street  
Riviera Beach, Florida

Manager

Crystal A. Atkinson  
1209 W 10th Street  
Riviera Beach, Florida 33404

AMBR

Betty J. McMillon  
400 N Flagler Avenue Apt 612  
Pompano Beach, Florida 33060

AMBR

Alfonso R. Atkinson  
115 Chase Rd NW Apt# 7111  
Huntsville, Alabama 35811

(Use attachment if necessary)

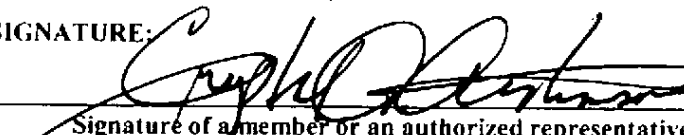
**ARTICLE V:** Effective date, if other than the date of filing: 01/01/2021 (OPTIONAL)

(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.

**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.

Crystal A. Atkinson

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)

STATE  
FILE

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