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(F	Requestor's Name)
(/	Address)
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PICK-UP	WAIT MAIL
(I	Business Entity Name)
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Mr

COVER LETTER

то:	New Filing S Division of C				
SUBJE		by CR LLC			
CODAL	<u></u>	Nan	ne of Limited Li	ability Company	
The enc.	losed Articles (of Organization and	fec(s) are submi	tted for filing.	
Please re	cturn all corres	pondence concernin	g this matter to t	he following:	
	Carli Rapsu	ey			
		-	Name	of Person	
	Products by	CR LLC			
			Firm	/Company	
	14333 Beac	rh Blvd Suite 33 PM	B 137A		
			٨	ddress	
	Jacksonville	e FL 32250			
	productshyer	@gmail.com	City/State	and Zip Code	
			be used for futu	re annual report notific	ation)
For further	information co	oncerning this matter	r, please call:		
	Carli Rapsey	·	717 at (305-0715	
	Nan	ne of Person	Area Code	· · · · · · · · · · · · · · · · · · ·	
Enclosed	is a check for t	he following amoun	t:		و
	0 Filing Fee	□\$130.00 Filing Certificate of Sta	Fee & □\$ itus Cen	155.00 Filing Fee & tified Copy onal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ng Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section I The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 323	hassee reet, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Products by CR			
(Must	contain the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")	
RTICLE II - Address:			
e mailing address and str	eet address of the principal office	of the Limited Liability Company is:	
Pr	incipal Office Address:	Mailing Address:	
2407 Jerusalem		4333 Beach Blvd Suite 33 PMB 137A	
e Limited Liability Com other business entity with	d Agent, Registered Office, & Repany cannot serve as its own Regist an active Florida registration.)	stered Agent. You must designate an individual or	
RTICLE III - Registered he Limited Liability Comother business entity with	d Agent, Registered Office, & Repany cannot serve as its own Regish an active Florida registration.) treet address of the registered agen Carli Rapsey	egistered Agent's Signature: stered Agent. You must designate an individual or nt are:	
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(CONTINUED)

ARTICLE IV-

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

'AMBR" = Authorized N	Name and Address:	
"1 (CD! = 1 4	Aember	
"MGR" = Manager		
MGR	Çarli Rapsey	_
	2407 Jerusalem Št	_
	Jacksonville FL 32207	_
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Use attachment if necess		
	the Department of State's records.	
L VI: Uther provisions, if		
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