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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

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COVER LETTER

TO: New Filing Section Division of Corporations			ı
SUBJECT: CR Rosers Rome of Limit	emodelina Li	LC	
The enclosed Articles of Organization and fee(s) are	submitted for filing.		
Please return all correspondence concerning this mar	ter to the following:		ı I
Charles Rogers	Name of Person		<u>.</u>
CR Rogers Ren	nodelin		: :-
	, ,		<u>-;</u> :
923 Tulane Te	Address		;
	Address		1 :
Inverness, FL Charles Roses E-mail address: (to be used to	34450 Dy/State and Zip Code	icom	•
E-mail address: (to be used f	or future annual report notification	on)	
For further information concerning this matter, please	call:		
Charles Roses at (a	239 285 08 ea 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	; ()
		1	
Mailing Address New Filing Section	Street Address New Filing Section Di	vision	l

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
CRR (Must conta	in the words "Limited Li	nodelina ability Company L	LL.C.," or "LLC.")	·
ARTICLE II - Address: The mailing address and street ad	dress of the principal offi	ce of the Limited L	iability Company is:	
<u>Principa</u>	l Office Address:		Mailing Addre	<u>ss</u> :
923 Tulas 17450	ge Ter			
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	cannot serve as its own R	egistered Agent. Yo	s Signature: ou must designate an indi	vidual or
The name and the Florida street ac	ddress of the registered a			22 1:
	923 Tular Florida street address (eptable)	#; (0)
	inverness City	FL State	34450 Zip	
laving been named as registered as blace designated in this certificate, larther agree to comply with the proun familiar with and accept the obli	hereby accept the appoint visions of all statutes related autions of my position as	ntment as registered ting to the proper a	agent and agree to act in nd complete performance provided for in Chapter (this capacity. I of my duties, and I

(CONTINUED)

Title:		Name and Address:	1
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ARTICLE IV-

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)