Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000438967 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

FLORIDA LIMITED LIABILITY CO. **CRW GROUP LLC** 

and the second s	فخبر فبغني ووووي والمستفادة والمراوي والمراوي والم
Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	DEC -
CRW GROUP LIC	SEE. FI
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Company is:	RIDA RIDA Liability
- 5719 SW SS st	
Minmi F1 33155	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limit Company cannot serve as its own Registered Agent. You must designate an individual or another business entitle with an active Florida registration.)	ied Liability
CANLOS BODISUEZ	
5719 SW 555+	
Minmi Fl 33155	,
ARTICLE IV The name and title of each person authorized to manage and control the Lin Liability Company: (MGR or AMBR)  And Romisuez (AMBR)	mited
- CARLOS MODRISUEZ (HITOP)	. }- ^
	. <del></del>

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 603, F.S..

Registered Agent's Signature (REQUIRED)

effective 1-1-22