

Law 346688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT: Crazy Daze, LLC**

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:

Mr. Bill O'Connell

Name of Person

Firm/Company

417 NW 42<sup>nd</sup> Street

Address

Oakland Park, Florida 33309

City/State and Zip Code

Bezebarker@aol.com

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

For further information concerning this matter, please call:

Robert Barrasso

at ( 610)

451-2851

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Crazy Daze, LLC

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(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

417 NW 42<sup>nd</sup> Street  
Oakland Park, Florida 33309

Mailing Address:

417 NW 42<sup>nd</sup> Street  
Oakland Park, Florida 33309

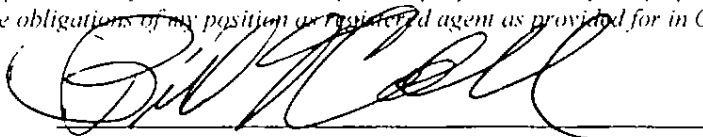
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Harbor Beach Diving  
417 NW 42<sup>nd</sup> Street  
Oakland Park, FL 33309

*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.*



Registered Agent's Signature (REQUIRED)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

(CONTINUED)

**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

MGR

Mr. Bill O'Connell  
417 NW 42<sup>nd</sup> Avenue  
Oakland Park, FL 33309

MGR

Mr. Robert Barrasso  
118 W. Penn Avenue  
Wernersville, PA 19565

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

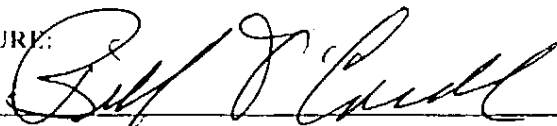
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:

The Corporation may conduct or transact business lawfully authorized in the State of Florida, which may be amended from time to time, provided and notwithstanding the generality of the foregoing. Corporation shall not conduct banking, trust, safe deposit, insurance, surety, building and loan, fire insurance, cooperative, fraternal benefits society, or state fair.

**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.

Mr. Bill O'Connell

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)

Mr. Bill O'Connell  
417 NW 42<sup>nd</sup> Street  
Oakland Park, Florida 33309

June 27, 2022

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Crazy Daze, LLC

Dear Sir/Madam:

Enclosed herewith is one copy of the Articles of Incorporation for Crazy Daze, LLC, along with payment to cover filing fees and a Certificate of Status, which should be returned to the incorporator. Thank you for your assistance with filing of this document. If you have questions, please email me at [bill.cheney@floridacorp.com](mailto:bill.cheney@floridacorp.com). Thank you.

Sincerely yours,

  
Bill O'Connell