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(((H23000117043 3)))



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 : (727)442-1200 Fax Number : (727)443-5829

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## FLORIDA LIMITED LIABILITY CO. CRAYTHORNE HOLDINGS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
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Fax Audit No.: H23000117043 3

## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is: CRAYTHORNE HOLDINGS, L.L.C. (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: Mailing Address: 1245 Court Street 1245 Court Street Clearwater, FI, 33756 || Clearwater, FL 33756 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:

Alan	<u>S. Gassman, E.</u>	squire		
		Name		
.   1245	Court Street			
Florie	da street addres	s (P.O. Box NOT ac	ceptable)	
Clearwater		Fl.	33756	
1	City	State	Zip	

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)

(CONTINUED)

Fax Audit No.: H23000117043 3

· :	Fax Audit No.: H2300	0117043 3
ARTICLE IV- The name and address	of each person authorized to manage and control the Limited Liability Company:	
Title:  "AMBR" = Authorized "MGR" = Manager	Name and Address: Member	
MGR	C. BARRY CRAYTHORNE 1245 Court St. Clearwater, FL 33756	- ~
<u>M</u> GR	SUSAN JANE CRAYTHORNE 1245 Court St. Clearwater, FL 33756	<b>-</b> -
		- - -
		<del>-</del> -
(Use attachment if need	essary)	
(If an effective date is listed, the the date of filling.)  Note: If the date inserted in this	ther than the date of filing: (OPTIONAL)  date must be specific and cannot be more than five business days prior to or 90  s block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	•
ARTICLE VI: Other provisions	·	
		<u> </u>
REQUIRED SIGNAT	URE:	<del></del>
This do	dignature of a member or an authorized representative of a member.  becoment is executed in accordance with section 605.0203 (1) (b), Florida Statutes, were that any false information submitted in a document to the Department of State at third degree felony as provided for in s.817.155, F.S.	
	Alan S. Gassman, Esquire, Auth. Rep.  Typed or printed name of signed	£ 28
\$125.00 Filing Fcc fo		A-K
\$ 30.00 Certified C \$ 5.00 Certificate	Filing Fees:  or Articles of Organization and Designation of Registered Agent  opy (Optional)  of Status (Optional)	<del>6</del>