## L23000258760

	(Requestor's Name)
	(Address)
	(Address)
<del></del>	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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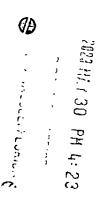


Figure 1382 ... 11A1

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## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Learner Time Expense L. C.  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:	
Name of Person	
Crunch Time Express C.C.	
1711 Benney Block Address	
Tallahance Fl J2303 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
₩S125.00 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) ☐\$160.00 Filing Fee, Certificate of Status & ☐\$160.00 Filing Fee, Certificate of Status & ☐\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing AddressStreet AddressStreet AddressNew Filing SectionNew Filing Section Division7Division of CorporationsThe Centre of Tallahassee7P.O. Box 63272415 N. Monroe Street, Suite 8109	
Tallahassee, Fl. 32314 Tallahassee, Fl. 32303	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Crunch Time Expres	er LLC
(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 Lia	ability Company is:
Principal Office Address:	Mailing Address:
1-70   Burrey 18 /w/	Sano
1811 Woll sc FC 35305	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	T

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..

Florida street address (P.O. Box NOT acceptable)

Tollahaseer, F-1. 32305
City State Zip

Tunda Connet

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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			
Milk Manager	Junthan Tenned		
	^ -		
	170 Betnay Blid		
MER	Tallaharlar Flo 12703		
	- Automation of the control		
	-		
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(Use attachment if necessary)			
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