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FLORIDA CAPITAL COURIER SERVICI	ES, INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524–5437	
(850) 524–6243	
Please use funds from this acco	ount: I20210000160: \$130.00
Authorization Signature:	<u> </u>
Crocker Industries, LLC	
BUSINESS NAME	DOCUMENT #
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp	Amendment
Not for Profit	Resignation of R.A. Officer/Director
X Limited Liability Domestication	Change of Registered Agent Revocation of Dissolution
Other	Merger
CORP	Articles of Conversion
LLLP	Amended and restated Articles Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Qualification for LLP Reinstatement
APOSTILLE	Other
Country	
EXAMINER'S INITIALS:	

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APOSTILLE	Other
Country	
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COVER LETTER

ТО:	New Filing Sec Division of Cor				
SUBJEC		dustries, LLC			
JOIMIN		Nan	ne of Limited Lia	bility Company	
The encl	osed Articles of	Organization and	fec(s) are submit	ted for filing.	
Please re	eturn all correspo	ondence concernin	g this matter to th	ne following:	
	Luca Di Nur	zio			
			Name	of Person	
	Dorcey Law	Firm, PLC			
	<u></u>		Firm	/Company	· · · · · · · · · · · · · · · · · · ·
	10181 Six M	lile Cypress Pkwy	Ste C		
			A	ddress	
	Fort Myers,	FL 33966			
	support@dlfr	egisteredagent.com	•	and Zip Code	
				re annual report notifica	ation)
For furthe	r information co	ncerning this matte	er, please call:		
	Luca Di Nun	zio	239 at (418-0169	
	Nam	e of Person	Area Code	Daytime Telepho	one Number
Enclosed	d is a check for t	ne following amou	int:		
	00 Filing Fee	≣\$130.00 Filin Certificate of S	ig Fee & □¶ tatus Cer	\$155.00 Filing Fee & tified Copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314	i	Street Address New Filing Section I The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	hassee reet, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited	Liability Company is:		
Crocker Indus	stries, LLC		
	st contain the words "Limited	Liability Comp	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and s	street address of the principal o	office of the Li	mited Liability Company is:
<u> P</u>	rincipal Office Address:		Mailing Address:
9810 Littleton	ı Rd.		9810 Littleton Rd.
North Ft. Mye			North Ft. Myers, FL 33903
The name and the Florida	street address of the registered App		C
	DLF Registered Ag	ent Service, L.I.	<u>.c</u>
		Name •	
	10181 Six Mile Cyp		
	Florida street addre	ss (P.O. Box <u>N</u>	OT acceptable)
	Fort Myers	FL	33966
	City	State	Zip
place designated in this cer further agree to comply wit	tificate, I hereby accept the app h the provisions of all statutes (pointment as re- relating to the p	for the above stated limited liability company at the gistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I agent as provided for in Chapter 605, F.S
	IS/ N	Michael A. Sco	u
	Regis	tered Agent's S	Signature (REQUIRED)
		(CONTINU	JED)

123 J.L. 2.7 PK 2: 10 +

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

AMBR" = Authorized Member	
MGR" = Manager	
_	Class M. Carlos
MGR	Clayton M. Crocker 9810 Littleton Rd.
	North Ft. Myers, FL 33903
MGR	Patricia D. Crocker
	9780 Littleton Rd.
	North Ft. Myers, FL 33903
MGR	Joshua Pleasant
	411 SW 4th Terrace Cape Coral, FL 33903
	Super County 17 (17) (17)
Use attachment if necessary)	
•	
V: Effective date, if other than the dat	e of filing: (OPTIONAL)
	meet the applicable statutory filing requirements, this date will not
nent's effective date on the Department	
ent's effective date on the Department	
ent's effective date on the Department VI: Other provisions, if any.	
ent's effective date on the Department VI: Other provisions, if any.	t of State's records.
ent's effective date on the Department VI: Other provisions, if any. REQUIRED SIGNATURE: /// Michae	et A. Scott
REQUIRED SIGNATURE: /// Michae Signature of a m This document is execu	et A. Scott member or an authorized representative of a member. muted in accordance with section 605.0203 (1) (b), Florida Statutes.
REQUIRED SIGNATURE: /// Michae Signature of a m This document is exect I am aware that any false	et A. Scott member or an authorized representative of a member. muted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State
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REQUIRED SIGNATURE: Signature of a m This document is exect am aware that any false constitutes a third degree.	t of State's records. Let A. Scott The member of an authorized representative of a member. Let a coordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
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