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2024-01-22 13:35:33 CST

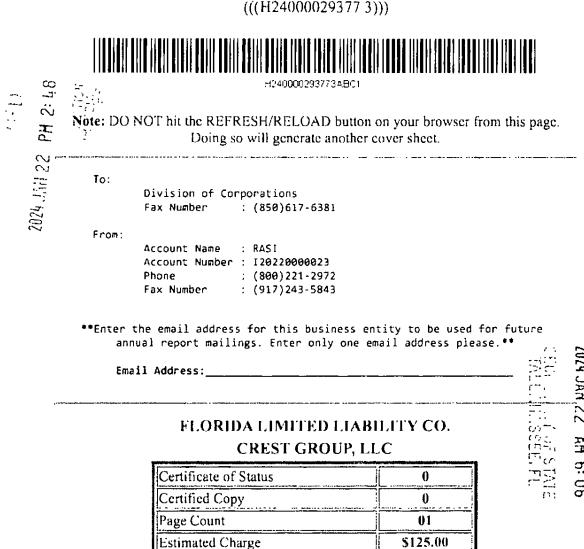
Lexitas

From: Carol Panchana

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.

(((H24000029377 3)))



Electronic Filing Menu Corporate Filing Menu

Help



ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Crest Group, LLC

(Must end with 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:
3500 Posugr Blvd #1113	3500 Posner Blvd #1113
Davenport, FI 33837	Davenport, FT 33837

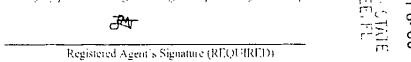
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

dutions, Inc	
Name	
een I.n. Ste. A	
s (P.O. Box <u>NOT</u> ac	ceptable)
FI.	32308
State	Zip
	Name een I.n. Ste. A s (P.O. Box <u>NOT</u> ac F1.

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. Thereby 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 dispost and I am familiar with and accept the abligations of my position as registered agent as provided for in Chapter 605, F.\$\frac{125}{255}



(CONTINUED)

Pagel of2

Lexites

To:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
<u>AMBR</u>	AVECTUS LIMITED PARTNERSHIP 3500 Posner Blvd #1113
	Davemont, FL 33837
	Priverigori, 142 220521
(Use attachment if necessary)	
T.E.V: Effective date, if other than the date	e of filing: (OPTIONAL)
ffective date is listed, the date must be sp	secific and cannot be more than five business days prior to or 90 days is
e of filing.) If the data in ment in this bloods does not a	meet the applicable statutory filing requirements, this date will not be list
mment's effective date on the Department	
TLE VI: Other provisions, if any	
· · · · · · · · · · · · · · · · · · ·	SEC LAN
	E. N
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	Lexi Rivers Sic 3

Filing Fees:

Typed or printed name of signee

- \$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent 8–30,00 Certified Copy (Optional)
- § 5.00 Certificate of Status (Optional)

Lexi Riveis