

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LYONS & LYONS, P.A.
Account Number : I20030000061
Phone : (239)948-1823
Fax Number : (239)948-1826

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: kkardon1@icloud.com

FLORIDA LIMITED LIABILITY CO.

CRAIG'S DAUGHTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

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ARTICLES OF ORGANIZATION
OF
CRAIG'S DAUGHTER, LLC

ARTICLE I – NAME

The name of the limited liability company is Craig's Daughter, LLC. (the "Company").

ARTICLE II – ADDRESS

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

Principal Office Address:
6816 East Road
Lakeland, Florida 33809


Mailing Address:
6816 East Road
Lakeland, Florida 33809

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Krista Kardon Thompson
6816 East Road
Lakeland, Florida 33809

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.

DocuSigned by:

Krista Kardon Thompson

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ARTICLES OF ORGANIZATION OF CRAIG'S DAUGHTER, LLC

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

Krista Kardon Thompson
6816 East Road
Lakeland, Florida 33809

REQUIRED SIGNATURE:

DocuSigned by:

Krista Kardon Thompson

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.

Krista Kardon Thompson

Typed or printed name of signer