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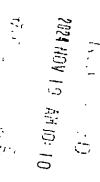
	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	<u></u>
PICK-UP	WAIT	MAIL MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	_ Certificates of St	atus
Special Instructions to	Filing Officer:	
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TIMO



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

ENTITY NAME 1031	Crown Property Owner,	, LLC	**\$VAL	LK IN**
DOCUMENT NUMBI	ER			
	PLEASE FILE TH	HE ATTACHED AND RETURN		
<u>xxxxxxxx</u>	Plain Copy Certified Copy Certificate of Status		ZOZ4 NOV 19 NM	
	Certified Copy of Arts	& Amendments Complete File (Including Annu		
COUNTRY OF DESTIN NUMBER OF CERTIFIC	**APOSTILLE' / N	NOTARIAL CERTIFICATION**		
TOTAL OWED \$ 125	.00	ACCOUNT # 120160000072	a: C.	>W
Please call Tina at	the above number for a	any issues or concerns, Thank yo	na so much!	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		;			
1031 Crown Property					
(Must conta	in the words "Limited	Liability Company	:. "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the Limite	d Liability Company is:		
<u>Principa</u>	ıl Office Address:		Mailing Address:		
2141 S Alternate A17	V. Suite 440	21	41 S Alternate ATA, Suite 440		
Jupiter, FL 33477		Ju	oiter, FL 33477 :	1 40N 120Z	
			<u></u>		45
another business entity with an a The name and the Florida street a	ctive Florida registratic	on.)	You must designate an individual ö	M 9: 47	
		•			
	2141 S. Alternate A				
	Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)		
	Jupiter	FL.	33477		
	City	State	Zip		
olace designated in this certificate, further agree to comply with the pro	I hereby accept the app ovisions of all statutes r	ointment as registe elating to the prop	te above stated limited liability compe red agent and agree to act in this cap or and complete performance of my di t as provided for in Chapter 605, F.S.	pacity, 1 uties, and 1	•

(CONTINUED)

DTI	CI	Ľ.	IV.

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Eric M. Levitt 2141 S. Alternate A1A, Suite 440 Jupiter, FL 33477	
		2024 NOV 19 AH
		9 111 9:
(Use attachment if necessary)	L'E	£7
(If an effective date is listed, the date must be sp the date of filing.)	e of filing:	
		
REQUIRED SIGNATURE:	a. M. Quit	
This document is execu I am aware that any falso	nember or an authorized representative of a member, atted in accordance with section 605,0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.	

Filing Fees:

Typed or printed name of signee

Eric M. Levitt