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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

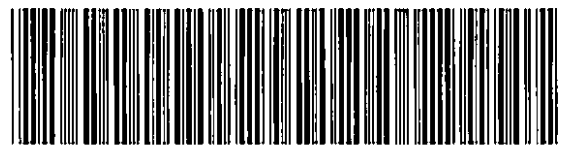
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: CRAWFORD FAMILY RENTALS, LLC

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:

JANE THOMAS CRAWFORD

Name of Person

Firm/Company

418 MISSION ROAD

Address

PALATKA, FL 32177

City/State and Zip Code

JANEFSU77@ICLOUD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEAN MATHENY 386 385-3101

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF ORGANIZATION
OF
CRAWFORD FAMILY RENTALS, LLC**

ARTICLE I – NAME

The name of the limited liability company is CRAWFORD FAMILY RENTALS, LLC.
("company").

ARTICLE II – ADDRESS

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

Principal Office Address:
418 MISSION ROAD
PALATKA, FLORIDA 32177

Mailing Address:
418 MISSION ROAD
PALATKA, FLORIDA 32177


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

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

JANE THOMAS CRAWFORD
418 MISSION ROAD
PALATKA, FLORIDA 32177

2025 JUN 26 AM 8:49
SECRETARY OF STATE
FLORIDA

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.


JANE THOMAS CRAWFORD

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

MGR

JANE THOMAS CRAWFORD
418 MISSION ROAD
PALATKA, FLORIDA 32177

MGR

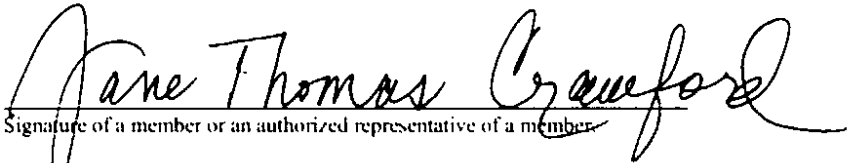
SLOAN FINELY CRAWFORD
418 MISSION ROAD
PALATKA, FLORIDA 32177

MGR

CONNOR R. DEANDREA-LAZARUS
418 MISSION ROAD
PALATKA, FLORIDA 32177

SECRETARY OF STATE
2025 JAN 21 AM 8:49
FBI

REQUIRED SIGNATURE:


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.

JANE THOMAS CRAWFORD

Typed or printed name of signer