

### Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : PARCORP SERVICES, LTD.

Account Number : I19990000011 Phone : (727)320-9848 Fax Number : (727)320-9648

## LIMITED LIABILITY COMPANY

The CrossWorks LLC

Certificate of Status	1
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# Fax Audit No. (((H00000028517 1))) STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF The CrossWorks LLC

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

The CrossWorks LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 949 PELICAN BAY DRIVE, DAYTONA BEACH, FL 32119

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

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

# Name 949 PELICAN BAY DRIVE Florida street address (P.O. Box NOT ACCEPTABLE) DAYTONA BEACH, FL 32119 City, State and Zip

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 608, F.S..

Registered Agent's Signature

#### ARTICLE IV - Management (Check Box If Applicable.)

The Limited Liability Company is to be managed	βŶ	one menager or more managers and is therefore,
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Signature of a member or authorized representative of a member.

(in accordance with section 60%,408(3)). Provide Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MICHAEL J. JAGODA

Typed or Printed name of signee

Preparer Info:

Parcorp Services, Ltd. / Michael J. Jagoda,

PMB 258 - 13799 PARK BLVD. N., SEMINOLE, FL 33776 Phone: 727-320-9848

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

### The CrossWorks LLC

2. The name of the Florida street address of the registered agent are:

SCOTT SHADLE			
<u>,-</u>	Name		
	949 PELICAN BAY DRIVE		
Floric	da street address (P.O. Box NOT ACCEPTABLE)		
	DAYTONA BEACH, FL 32119		
	City, State and Zip		

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 608, F.S.

SCOTT SHADLE, Registered Agent

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SECRETARY OF STATE