



**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CROSS-TOWN REFERRALS, 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:

PAUL MANDEL  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

10115 WEST SAMPLE ROAD  
(Address)

CORAL SPRINGS, FLORIDA 33065  
(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL MANDEL at ( 954 ) 344-8420  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 OCT 11 PM 2:17

FILED

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CROSS-TOWN REFERRALS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2935 NW 116 TERRACE

CORAL SPRINGS, FLORIDA 33065

**Mailing Address:**

10115 WEST SAMPLE ROAD

CORAL SPRINGS, FLORIDA 33065

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

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

PAUL MANDEL

Name

10115 WEST SAMPLE ROAD

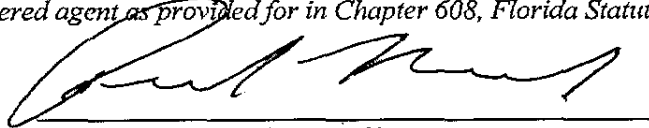
Florida street address (P.O. Box **NOT** acceptable)

CORAL SPRINGS, FLORIDA 33065

City, State, and Zip

FILED  
04 OCT 11 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, 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 608, Florida Statutes..*



Registered Agent's Signature

