

LO30000041411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

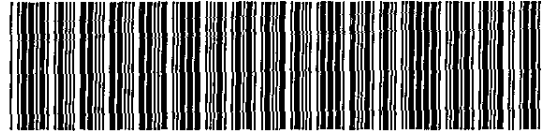
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status       

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DIVISION OF CORPORATION

03 OCT 28 PM 12:38

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DIVISION OF CORPORATIONS  
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mission Crossing 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:

BRANDON MILLER  
(Name of Person)

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

6012 Buck Lake Rd.  
(Address)

Tallahassee, FL 32317  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRANDON MILLER at (850) 567-1442  
(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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Mission Crossing, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

6012 Buck Lake Rd.  
Tallahassee, FL 32317

**Mailing Address:**

6012 Buck Lake Rd.  
Tallahassee, FL 32317

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

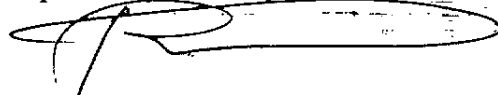
The name and the Florida street address of the registered agent are:

BRANDON MILLER  
Name

6012 Buck Lake Rd.  
Florida street address (P.O. Box NOT acceptable)

Tallahassee FLORIDA 32317  
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, Florida Statutes..*



Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

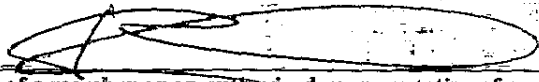
**Name and Address:**

<u>MGRM</u>	<u>Brandon Miller</u> <u>6912 Buck Lake Rd</u> <u>Tallahassee, FL 32312</u>
<u>MGRM</u>	<u>Ridge Robinson</u> <u>3222 East Lakeshore Dr</u> <u>Tallahassee, FL 32312</u>
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

BRANDEN MILLER  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)