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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CROSSROADS DEVELOPMENT GROUP, L.L.C.  
(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:

MARK BRACKETT

(Name of Person)

CROSSROADS DEVELOPMENT GROUP, L.L.C.

(Firm/Company)

P.O. BOX 1779

(Address)

VERO BEACH, FL 32961

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK BRACKETT

(Name of Person)

at ( 772 ) 567-9255

(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

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

December 24, 2003

MARK BRACKETT  
CROSSROADS DEVELOPMENT GROUP, L.L.C.  
P.O. BOX 1779  
VERO BEACH, FL 32961

SUBJECT: CROSSROADS DEVELOPMENT GROUP, L.L.C.  
Ref. Number: W03000039319

We have received your document for CROSSROADS DEVELOPMENT GROUP, L.L.C., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

Please use the enclosed copy of our form. The document you submitted is missing one signature, and also refers to "Florida Business Corporation Act," which does not apply to LLC filings.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 803A00068698

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CROSSROADS DEVELOPMENT GROUP, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1307 19<sup>th</sup> PLACE  
VERO BEACH, FLORIDA  
32960

**Mailing Address:**

POST OFFICE BOX 1779  
VERO BEACH, FLORIDA  
32961

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

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

MARK A. BRACKETT  
Name  
1915 34<sup>th</sup> AVENUE  
Florida street address (P.O. Box **NOT** acceptable)  
VERO BEACH, FLORIDA 32960  
City, State, and Zip

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*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:**

MGR

MARK A. BRACKETT

1915 34TH AVENUE

VERO BEACH, FL 32960

MGR

GAYLON LAWRENCE

PO BOX 696

SIKESTON, MO 63801

(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.)

MARK A. BRACKETT

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)

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