L04000021672

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
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TRANSMITTAL LETTER

TO: Registration Section
          Division of Corporations

SUBJECT: **Cross City Pine Needles, 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:

Dennis M. Plyler
(Name of Person)

Pine Needle Express, LLC
(Firm/Company)

1566 High Point Church Road
(Address)

Pageland, SC 29728
(City/State and Zip Code)

For further information concerning this matter, please call:

Sue D. Whitaker   at (**843**) **672-3247**
(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:

__Cross City Pine Needles, LLC__

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1566 High Point Church Road

Pageland, SC 29728

Mailing Address:

1566 High Point Church Road

Pageland, SC 29728

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Al James Land
Name

Hwy 349 HC5
Florida street address (P.O. Box **NOT** acceptable)

Old Town   FLORIDA   32680
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

Page 1 of 2
(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	

Dennis M Plyler MGR

Pine Needle Express, LLC
1566 High Point Church Road
Pageland, SC   29728

Al Land MGRM

Al J. Land, Inc.
HC5 Hwy 349
Old Town, FL   32680

(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.)

Dennis M. Plyler
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)