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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

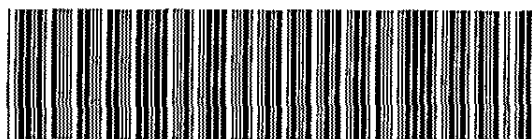
(Business Entity Name)

(Document Number)

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PARALEGALS

VIA UPS
March 29, 2004

Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: **CROSS MOVEMENT, LIMITED LIABILITY COMPANY**
ARTICLES OF ORGANIZATION AND CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/OFFICE

Dear Sir or Madam:

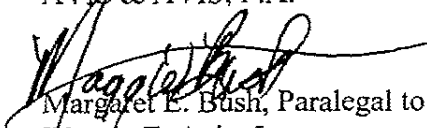
Enclosed please find the original and a copy of the Articles of Organization and Certificate of Designation of Registered Agent/ Registered Office for the above-referenced limited liability company, **CROSS MOVEMENT, LIMITED LIABILITY COMPANY**. Our firm check in the amount of \$125.00 is enclosed for the filing fee.

Please file the original Articles of Organization and return a copy of the stamped Articles to the undersigned.

Thank you for your assistance in this matter.

Very truly yours,

AVIS & AVIS, P.A.


Margaret E. Bush, Paralegal to
Warren E. Avis, Jr.
Enclosures

W:\MyFiles\2003 Clients\Direct Marketing Associates\Corr.- 032904 Send Articles of Organization to SOS.wpd

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
CROSS MOVEMENT, LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I- Name

The name of the Limited Liability Company is: CROSS MOVEMENT, L.L.C.

ARTICLE II- Address:

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

916 JEFFERY STREET
BOCA RATON, FL 33487

ARTICLE III- Duration:

The period of duration for the Limited Liability Company shall be: **Perpetual.**

ARTICLE IV- Management:

The Limited Liability Company is to be managed by a manager or managers and the name and address of such manager who is to serve as manager is:

ADAM CRITCH
916 JEFFERY STREET
BOCA RATON, FL 33487

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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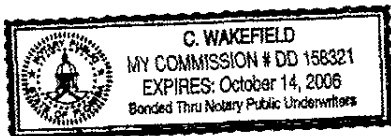
IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 23rd day of March, 2004.


ADAM CRITCH, MANAGING MEMBER

STATE OF FLORIDA)
) SS
COUNTY OF PALM BEACH)

Sworn to and Subscribed before me this 23 day of MARCH, 2004 by ADAM CRITCH, who is personally known to me or who produced as identification. FL DRIVERS LICENSE

WITNESS MY HAND AND OFFICIAL SEAL, this 23rd day of MARCH, 2004.



Notary Public, State of Florida at Large



Print Name of Notary Public

CHARLENE WAKEFIELD

My Commission Expires:

10/14/06.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CROSS MOVEMENT, LIMITED LIABILITY COMPANY
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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: CROSS MOVEMENT, L.L.C.
2. The name and address of the registered agent and office is:

ADAM CRITCH
916 JEFFERY STREET
BOCA RATON, FLORIDA 33487

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 the position as registered agent.



ADAM CRITCH

Date 3/23/04

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