

L04000057755

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

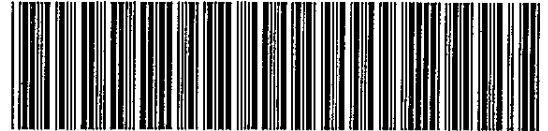
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TALLAHASSEE, FLORIDA
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CROSSWELL ENTERPRISES, 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:

MICHAEL SCHIFFRIN
(Name of Person)

MICHAEL SCHIFFRIN & ASSOCIATES, P.A.
(Firm/Company)

9130 SOUTH DADELAND BLVD., SUITE 1109
(Address)

MIAMI, FLORIDA 33156
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL SCHIFFRIN at (305) 539-0000
(Name of Person) (Area Code & Daytime Telephone Number)

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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

LAW OFFICES OF
MICHAEL SCHIFFRIN & ASSOCIATES, P. A.

TWO DATRAN CENTER - SUITE 1109
9130 SOUTH DADELAND BOULEVARD
MIAMI, FLORIDA 33156

TELEPHONE: (305) 539-0000
TELECOPIER: (305) 539-0013

E-MAIL: schiffaw@aol.com

July 27, 2004

Ms. Diane Cushing
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Crosswell Enterprises, LLC
Reference No. W04000027485

Dear Ms. Cushing:

Enclosed please find our check in the amount of \$25.00 representing the registered agent designation fee which was inadvertently left out of our check regarding the above-captioned limited liability company. I also enclose a copy of your letter dated July 19, 2004 for your reference.

Of course, if you should have any questions, please advise immediately.

Very truly yours,


MICHAEL SCHIFFRIN & ASSOCIATES, P.A.

MICHAEL SCHIFFRIN, ESQ.

MS/ine
Encl.
cc:

Crosswell International Corp.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 19, 2004

MICHAEL SCHIFFRIN
MICHAEL SCHIFFRIN & ASSOCIATES, P.A.
9130 SOUTH DADELAND BLVD., SUITE 1109
MIAMI, FL 33156

SUBJECT: CROSSWELL ENTERPRISES, L.L.C.
Ref. Number: W04000027485

We have received your document for CROSSWELL ENTERPRISES, L.L.C. and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please return 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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 904A00045587

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

CROSSWELL ENTERPRISES, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

9200 SOUTH DADELAND BLVD.

SUITE 404

MIAMI, FLORIDA 33156

Mailing Address:

c/o MICHAEL SCHIFFRIN

9130 South Dadeland Blvd., Suite 1109

Miami, Florida 33156

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

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

MICHAEL SCHIFFRIN

Name

9130 South Dadeland Blvd., Suite 1109

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

Miami

FLORIDA 33156

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

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TALLAHASSEE, FLORIDA

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:

MGRM

Hector Lans c/o Michael Schiffrin & Assoc., P.A.
9130 South Dadeland Blvd., Suite 1109
Miami, Florida 33156

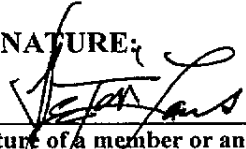
(Use attachment if necessary)

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TALLAHASSEE, FLORIDA
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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.)

HECTOR LANS

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)