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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

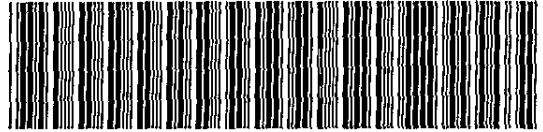
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TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CROSSROAD CONSTRUCTION LTD. Co.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES C. MARSHALL  
(Name of Person)

CROSSROAD CONSTRUCTION LTD. Co.  
(Firm/Company)

3241 S.W. 104 CT  
(Address)

MIAMI FLORIDA 33165  
(City/State and Zip Code)

04 SEP 10 PM 1:47  
RECORDS & COMM. DIV.  
TALLAHASSEE, FLORIDA

**FILED**

For further information concerning this matter, please call:

JAMES C. MARSHALL at (305) 226 7406  
(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:

CROSSROAD CONSTRUCTION LTD. Co.

**ARTICLE II - Address:**

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

Principal Office Address:

3241 SW 104 CT  
MIAMI FLORIDA  
33165

Mailing Address:

3241 SW 104 CT  
MIAMI FLORIDA  
33165

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

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

JAMES C. MARSHALL  
Name

3241 SW 104 CT.  
Florida street address (P.O. Box **NOT** acceptable)

MIAMI FLORIDA 33165  
City, State, and Zip

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TALLAHASSEE, FLORIDA

*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..*

James C Marshall  
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

JAMES C. MARSHALL  
3241 SW 104 CT  
MIAMI FLORIDA 33165

MGRM

GABRIEL S. MARSHALL  
3241 SW 104 CT  
MIAMI FLORIDA 33165

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

James C. Marshall  
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.)

JAMES C. MARSHALL  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- 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)