

W5000053981

Florida Department of State
Division of Corporations
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Electronic Filing Cover Sheet

5/31

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To:

Division of Corporations
Fax Number : (850)205-0383

MJH, 1

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED
05 MAY 31 AM 7:59
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

crosmx, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

05 MAY 31 PM 6:07

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Crosmax, LLC.

ARTICLE II - Address:

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

Principal Office Address:

10481 S.W. 27th Street +
Miramar, FL 33023

Mailing Address:

10481 S.W. 27th Street +
Miramar, FL 33023

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

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

Maxine J. Ramos
Name

10481 S.W. 27th Street +
Florida street address (P.O. Box NOT acceptable)
Miramar, FL 33023
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, F.S.

Maxine J. Ramos
Registered Agent's Signature

(CONTINUED)

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05 MAY 31 PM 4:07

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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

MGRM

MGR

Name and Address:

Maxine J. Ramus
10481 S.W. 27th Street
Miramar, FL 33023

Croswell Douglas
10481 S.W. 27th Street
Miramar, FL 33023

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Maxine J. Ramus
 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.)

Maxine J. Ramus
 Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Handwritten number: 1050000134608