

L05000062943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

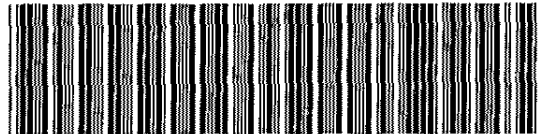
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05 JUN 24 PM 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUNE 24, 2005

**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **CROSSROADS OF FT. LAUDERDALE, LLC**  
(NAME OF LIMITED LIABILITY COMPANY)

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

Please return all correspondence concerning this matter to the following:

FROM: HAROLD F. X. PURNELL, ESQ.  
RUTLEDGE, ECENIA, PURNELL & HOFFMAN, P.A.  
215 S. MONROE STREET, SUITE 420  
TALLAHASSEE, FLORIDA 32301

For further information concerning this matter and for pick-up, please call:

**SUZANNE YOUNG AT 681-6788**

Enclosed are an original and one (1) copy of the articles of organization and a check for:

☒ \$125.00      ☐ \$130.00  
Filing Fee      Filing Fee  
& Certificate of Status

☐ \$155.00      ☐ \$160.00  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                 & Certificate of  
                                 Status

(additional copy is enclosed)

**ARTICLES OF ORGANIZATION  
OF  
CROSSROADS OF FT. LAUDERDALE, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
05 JUN 24 PM 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I  
NAME**

The name of the Limited Liability Company is **Cross Roads of Ft. Lauderdale, LLC.**

**ARTICLE II  
ADDRESS**

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

**Principal Office Address:**

**Rutledge, Ecenia, Purnell & Hoffman, P.A.  
215 South Monroe Street, Suite 420  
Tallahassee, Florida 32301-1841**

**Mailing Address:**


**P. O. Box 551  
Tallahassee, Florida 32302-0551**

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE  
AND REGISTERED AGENT'S SIGNATURE:**

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

**HAROLD F. X. PURNELL  
215 SOUTH MONROE STREET, SUITE 420  
TALLAHASSEE, FLORIDA 32301-1841**

*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

**ARTICLE IV**  
**MANAGER(S) OR MANAGING MEMBER(S)**

The name and address of each Manager or Managing Member is as follows:


Title:

**MGRM**

Name and Address:

**DANIEL L. HARDIN LIVING TRUST  
3710 N. E. 26 AVENUE  
LIGHTHOUSE POINT, FLORIDA 33064**

**REQUIRED SIGNATURE:**

  
Signature of member or authorized representative of member

(In accordance with section 608.408(3), Florida Statutes, the exception of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

HAROLD F. X. PURENLL

Typed or Printed Name of Signee