(Re	equestor's Name)	
(Ac	idress)	<del></del>
(Ac	idress)	
(Ci	ty/State/Zip/Phone	» #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
•	·	•
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## TRANSMITTAL LETTER

TO: Registration Se Division of Co				
SUBJECT: White Cr	oss Construction Services I			
	(Name of Limite	d Liability Com	pany)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for fili	ng.	
Please return all corresp	ondence concerning this matte	er to the following	12:	
Joerg Bo				
	ſ	Name of Person)		
White Cross Constru	action Services LLC			
	(	Firm/Company)		
27 Caswell	Dr.			
		(Address)		
Orlan	do, FL 32825			
	(City)	State and Zin Coo	le)	** <del>****</del>
For further information	concerning this matter, please	call:		
Joerg Bosshard		407	× 427-0930	
	of Person)	at ( 407	J	elephone Number)
Enclosed is a check fo	r the following amount:			
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified Copy	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICI F I - Name		
The name of the Limited Liability Co	mpany is:	
White Cross Construction Services LLC		
ARTICI R II - Address		
The mailing address and street address	s of the principal office of the Limit	ed Liability Company is:
Principal Office Address:	Mailing Address:	
27 Caswell Dr.	27 Caswell Dr.	
Orlando, FL 32825	Orlando, FL 32825	
Joerg Bosshard	Name	
occig Bosonaia	Name	
27 Caswell Dr.		
Florid	da street address (P.O. Box NOT accentable	e)
Orlando, FL 32825	FL	
	City. State. and Zin	
registered agent and agree to act in the statutes relating to the proper and co	gnated in this certificate, I hereby acc	ept the appointment as wwith the provisions of all d I am familiar with and
Registe	ered Agent's Signature	<b>o</b> 2
		38 SE

(CONTINUED)

Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

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

7 Caswell Dr. rlando, FL 32825
rlando, FL 32825
led if an effective date is requested.
3

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.)

Joerg Bosshard

Typed or printed name of signee

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)