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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	C ROSS DYNAM (Name of Limite	AIC BUSINESS ed Liability Company)	ENTERPRISES, LLC
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	AUDREW	C. BAKER (Name of Person)	
B	ORAN CRAIG BAR	BER ENGEL C	oust. Co.
	3606 E	NTERPRISE A	VE
		(Address) F(34104 //State and Zip Code)	
For further information	concerning this matter, please	call:	Her R F.
ANDY BA	KER e of Person)	at (239) 877 - (Area Code & Daytime To	-7576 Frid O
Enclosed is a check f	or the following amount:		
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Addres Registration Section	<u>s</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
CROSS DYNAMIC BUSINESS ENT (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
281 Willoughly Dr. NAPLES FL 34110	281 Willoughby Dr. NAPLES FL 34110
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
ANDREW C. Name	BAKER
15530 FAN TA Florida street addr BONITA SPRINGS City, State, ar	ress (P.O. Box NOT acceptable)
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appositions as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	ire (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGRM	ANDREW C. BAKER 15530 FANTALL CIRCLE BONITA SPRINGS
MGRM	CHRISTINE BAKER 281 WILLOUGHBY DR NAPLES FL 34110
MGRM	BRENTT, BAKER 281 WILLONGHBY DR NAPLES FL 34110
(Use attachment if necessary	y)
CLE V: Effective date, if other effective date is listed, the date of filing	er than the date of filing: <u>02/01/2006</u> . (OPTIONAL) te must be specific and cannot be more than five business days prior.)
REQUIRED SIGNATURE	06 JAN
Signature e	Judy C Saker of a member or an authorized representative of a member.
(In accorda of this doc	nce with section 608.408(3), Florida Statutes, the execution iment constitutes an affirmation under the penalties of perjury

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)

AUDY C. BAKER

Typed or printed name of signee