# 106000012320

(Req	uestor's Name)	<del></del>		
(Add	ress)			
(Addi	ress)			
(1000)	,540,			
(City/	State/Zip/Phone	9#)		
PICK-UP	☐ WAIT	MAIL		
(Busi	iness Entity Nar	ne)		
•	•	•		
(Document Number)				
(100)	ument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Fi	iling Officer:			
'	J	ì		
ł				
		{		
<u> </u>		ĺ		
		ł		
		1		
		4		
L <u>.                                    </u>	<del> </del>			





000064629490

01/27/06--01038--029 \*\*160.00

7706 JM127 FN 1: 22

106 (2320)

### **COVER LETTER**

TO:

Registration Section

Division of Corporation	ons				
SUBJECT: CROSS		AL, LLC d Liability Company)		<del></del>	
The enclosed Articles of Organ	nization and fee(s) are so	ubmitted for filing.			
Please return all correspondence	ce concerning this matte	r to the following:			
GARY CRO		Name of Person)			
CROSS SH		_, LLC			
21 SOUTH	,	(Address)			_ <del>_</del>
KEY LARG		State and Zip Code)		SECRE	2016 Jah
For further information concern	ning this matter, please	call:		MRY C	2/ 1
GARY CROSS (Name of Person	on)	at ( 419 ) 467-3 (Area Code & Daytime Te	8148 lephone Number)		Fit 1. 24
Enclosed is a check for the fi	following amount:				
\$125.00 Filing Fee \$\text{Cert}\$	130.00 Filing Fee & ificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Fi Certificate of Certified Cop (additional copy	Status & y	:
Regi Divi	ling Address stration Section sion of Corporations Box 6327	Street/Courier Address Registration Section Division of Corporation Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	A	RT	ICL	E I	- N	ame
------------------	---	----	-----	-----	-----	-----

The name of the Limited Liability Company is:

CROSS SHEETMETAL, LLC

(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 principal office of the Limited Liability Company is:

## Principal Office Address:Mailing Address:21 SOUTH DRIVE21 SOUTH DRIVEKEY LARGO, FL 33037KEY LARGO, FL 3

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

21 SOUTH DRIVE

Florida street address (P.O. Box NOT acceptable)

KEY LARGO

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..

Registered Agent's Signature (REQUIRED)

(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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM | **GARY CROSS** 21 SOUTH DRIVE KEY LARGO, FL 33037 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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.) **GARY CROSS** 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)