

L060000084129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

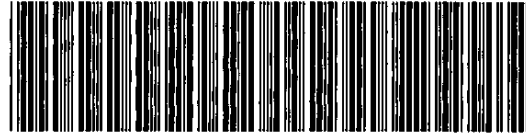
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 AUG 24 PM 4: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/21/06

West Malone

DBA

Cross America LLC

1030 SW McFarlane Ave #101

Lake City, FL. 32025

WK. 386-752-6933

cell. 386-965-5854

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cross America 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:

1030 SW McFarlane Ave #101
Lake City, FL 32025

same

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.)

West Malone

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

1030 SW McFarlane Ave #101

Name

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

Lake City FL 32025

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.

West Malone

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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06 AUG 24 PM 4:09
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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

Name and Address:

MGR

West Malone
1030 SW McFarlane Ave #101
Lake City FL. 32025

MGRM

Wesley A. Malone
1030 SW McFarlane #101
Lake City, FL. 32025

MGRM

Shaunta L. Malone
1030 SW McFarlane #101
Lake City, FL. 32025

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(OPTIONAL)

(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:

West Malone
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.)

West Malone
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)