Division of Corporations Public Access System

Florida Department of State

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To:

Division of Corporations

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From:

Account Name Account Number : 120010000062

: LEGALZOOM

Phone

(323)962-8600

Fax Number

: (323)962-6300

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Cross Productionz LLC

| <u>,</u> | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$155.00 |

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Corporate Filing Menu

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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Cross Productionz LLC (Name of Limite | d Liability Company) | |
| | | |
| The enclosed Articles of Organization and fee(s) are s | ubmitted for filing. | |
| Please return all correspondence concerning this matter | er to the following: | |
| Armine Ter-Verdanyan | | |
| | Name of Person) | |
| A contract of the | | |
| Legalzoom.com, Inc. | Firm/Company) | |
| • | , a her example, | ar · |
| | · | |
| 7083 Hollywood Blvd., Suite 180 | (Address) | |
| Los Angeles, CA 90028 | | |
| (City | /State and Zip Code) | |
| For further information concerning this matter, please | call: | |
| Armine Ter-Vardanyan | at (_323) 962-8600 | |
| (Name of Person) | (Area Code & Daytime Te | Sophone Number) |
| Enclosed is a check for the following amount: | | |
| \$125.00 Filing Fee \$\times\$ 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) |
| STREET ADDRESS: | MAILING A | DDRESS: |
| Registration Section | Registration S | ection |
| Division of Corporations 409 E. Gaines Street | Division of Co P.O. Box 6327 | |
| Tallahassee, Florida 32399 | Tallahassee, F | |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability | Company is: | | |
|---|---|---|------------------------|
| Cross Productionz LLC | | | |
| ARTICLE II - Address: The mailing address and street ad- | dress of the princip | al office of the Limited I | .iability Company is: |
| Principal Office Address: | Mi | iling Address: | |
| 139 W. Stuart Ave., Lake Weles, FL | 33853 139 | W. Stuart Ave., Lake Wale | s, FL 33853 |
| | | | , |
| ARTICLE III - Registered Agen | at, Registered Off | ce, & Registered Agent | 's Signature: ALEYMAN |
| The name and the Florida street a | ddress of the regist | ered agent are: | SEC SEC |
| John D. Kimbro | ough . | | OCT OCT |
| | Name | | 20 ASS |
| 24 W. Orange / | Ave. | | EFO PH ITT |
| 1 | Florida street address (| P.O. Box NOT acceptable) | |
| Lake Wales | · FL | 33853 | L: 23 STATE STATE |
| | City, State, and Zi | 9 | ōm ω |
| Having been named as registered liability company at the place of | l agent and to accep designated in this co | t service of process for the rtificate, I hereby accept: | e above stated limited |

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..

| John D. Kimbrough | |
|-------------------|-------------------|
| Registered | Agent's Signature |

(CONTINUED)

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| ARTICLE IV- Manager(s) or Managing Member | (\$ |): |
|---|-----|----|
|---|-----|----|

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

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|-------------------------------|--|
| "MGRM" = Managing | Member Ivory Lee Wilson Jr |
| MGRM | 139 W. Stuart Ave., Lake Wales, FL 33853 |
| MGRM | John D Kimbrough |
| | 139 W. Stuart Ave., Lake Wales, FL 33853 |
| MGRM | Daniel E. Williams |
| , | 139 W. Stuart Ave., Lake Wales, FL 33853 |
| MGRM | Marcus A. Kirby |
| to make Stangager and it. | 139 W. Stuart Ave., Lake Wales, FL 33853 |

(Use attachment if necessary) in water public ...

NOTE: An additional article must be added if an effective date is requested.

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.)

Armine Ter-Vardanyan, LegalZoom.com, Inc.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing For for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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Attachment of Members

Cross Productionz LLC

| <u>Name</u> | <u>Title</u> | <u>Address</u> |
|---------------------|--------------|--|
| Adrian D. Hickman | Member | 139 W. Stuart Ave., Lake Wales, FL 33853 |
| Dominique A. Davis | Member | 139 W. Stuart Ave., Lake Wales, FL 33853 |
| Eddie L. Benton Jr. | Member | 139 W. Stuart Ave., Lake Wales, FL 33853 |