

L07000005324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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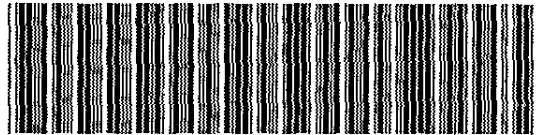
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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*Shelby & Carter, LLC*  
*St. James Crossing Development, LLC*

- \_\_\_ Art of Inc. File
- \_\_\_ LTD Partnership File
- \_\_\_ Foreign Corp. File
- ☒ L.C. File
- \_\_\_ Fictitious Name File
- \_\_\_ Trade/Service Mark
- \_\_\_ Merger File
- \_\_\_ Art. of Amend. File
- \_\_\_ RA Resignation
- \_\_\_ Dissolution / Withdrawal
- \_\_\_ Annual Report / Reinstatement
- ☒ Cert. Copy
- \_\_\_ Photo Copy
- \_\_\_ Certificate of Good Standing
- \_\_\_ Certificate of Status
- \_\_\_ Certificate of Fictitious Name
- \_\_\_ Corp Record Search
- \_\_\_ Officer Search
- \_\_\_ Fictitious Search
- \_\_\_ Fictitious Owner Search
- \_\_\_ Vehicle Search
- \_\_\_ Driving Record
- \_\_\_ UCC 1 or 3 File
- \_\_\_ UCC 11 Search
- \_\_\_ UCC 11 Retrieval
- \_\_\_ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

**ARTICLES OF ORGANIZATION  
OF  
ST. JAMES CROSSING DEVELOPMENT, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I - NAME**

The name of the limited liability company shall be ST. JAMES CROSSING DEVELOPMENT, LLC ("company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the company is 250 Avenue K, SW, Suite 100, Winter Haven, Florida 33880.

**ARTICLE III - REGISTERED OFFICE AND AGENT**

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

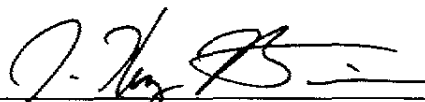
**J. KEMP BRINSON**

255 Magnolia Avenue, SW, Winter Haven, Florida 33880

**ARTICLE IV - MANAGERS**

The company is manager-managed. The name and address of each manager are as follows:

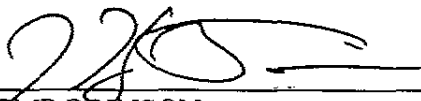
ALBERT B. CASSIDY, 250 Avenue K, SW, Suite 100, Winter Haven, Florida 33880

  
\_\_\_\_\_  
J. KEMP BRINSON

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### ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for ST. JAMES CROSSING DEVELOPMENT, LLC at the 255 Magnolia Avenue, SW, Winter Haven, Florida 33880, I hereby accept 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 F.S. Chapter 608.

  
\_\_\_\_\_  
J. KEMP BRINSON