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Division of Corporations

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

CROSSLINE L.L.C.

Certificate of Status	1
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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FUNDALIMITED LABBILITY COMPAN

FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: CROSSLINE L.L.C.

ARTICLE I - Name

Principal Office Address: 3101 S.W. 34th Avenue #905, Suite 186		Mailing Address:	Mailing Address:			
		3101 S.W. 34th Avenue #905, Suite 186				
Ocala, FL 34474		Ocala, FL 34474		3	<u> </u>	
4.						
		·	Z.	2007 8	ئېت. د پ	
ARTICLE III - Registered A			nt's Signature	PR -4	5-1 3523 21 MARTER # 22 MARTER #	
•	Tamara Foste	er	ָּיָחְ כָּיִה יָחַ כַּ		act.	
,		Name		5 69	٠., ١	
	3101 S.W. 34	th Avenue #905, Suite 186	RIO	A 72		
	(P.O. Box	or Mail Drop Box NOT Acceptabl	(c)			
	Ocala, FL 34	4 74				
		(City / State / 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 Signature - Tamara Foster

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" = Managir	Name and Address:							
MGRM	Ira Gilroy Jr 3101 S.W. 34th Avenue #905, Suite 186, Ocala, F	Ira Gilroy Jr 3101 S.W. 34th Avenue #905, Suite 186, Ocala, FL 34474						
MGRM	Tamara Foster - 3101 S.W. 34th Avenue #905, Suite 186, Ocala,	Tamara Foster - 3101 S.W. 34th Avenue #905, Suite 186, Ocala, FL 34474						
MGRM	Richard Paquette - 3101 S.W. 34th Avenue #905, Suite 186, Oca	la, FI	<u> 3</u> 4474					
MGRM	Pam Paquette - 3101 S.W. 34th Avenue #905, Suite 186, Ocala,	<u>FL 34</u>	<u>4</u> 74					
(Use attachment if no REQUIRED SIGN			**************************************					
	Signature of a member or authorized representative of a member.	2	्र इ.स.च्या					
	(In accordance with section 608.408(5), Piorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	2007 APR -4 AM	per legition in the second sec					
	Ira Gilroy Jr.	čö <u>™</u>	73.9.7 · s					
	Typed or printed name of signee							