

L07000102556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

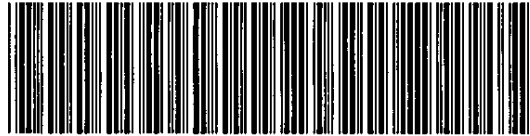
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

PK

Office Use Only



400110447874

10/10/07--01001--003 **155.00

FILED

07 OCT -9 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

07 OCT -9 PM 3:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 10/09/07

REF. #: 000153.75829

CORP. NAME: FLORIDA CROSSINGS MEMBER, LLC

FILED
07 OCT -9 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 523218 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
FLORIDA CROSSINGS MEMBER, LLC**

The undersigned, acting as the organizing member of a limited liability company under the Florida Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company (the "Company"):

**ARTICLE I
Name**

The name of the Company is **FLORIDA CROSSINGS MEMBER, LLC.**

**ARTICLE II
Principal Office and Mailing Address**

The principal office and mailing address of the Company is 201 N. Franklin Street, Suite 2200, Tampa, Florida 33602

**ARTICLE III
Initial Registered Agent and Office**

The street address of the initial registered office of the Company is: 201 N. Franklin Street, Suite 2200, Tampa, Florida 33602 and the name of its initial registered agent at that address is: Michael J. Nolan.

**ARTICLE IV
Organizing Member**

The name and address of the member of the Company executing these Articles of Organization are: Michael J. Nolan and 201 N. Franklin Street, Suite 2200, Tampa, Florida 33602.

**ARTICLE V
Management**

The Company shall be a member-managed company.

Dated effective as of this 9th day of October, 2007.



Michael J. Nolan, Member

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the duties and obligations of the undersigned's position as registered agent.

Dated this 9th day of October, 2007.

REGISTERED AGENT:



Michael J. Nolan