L09000004/27/

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	A. LUNT
T.	APR 29 2009

EXAMINER

Office Use Only



800152685528

04/27/09--01017--007 **130.00

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT: Crossin	ng Road Productions		
		Liability Company)	
The enclosed Articles	of Organization and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
Travis S Ro	SS		
	(N	lame of Person)	
Crossing R	oad Productions		
	(H	Firm/Company)	
2011 Shado	ow Lane		700 TA
		(Address)	ECH AF
Neptune Be	each, FL 32266		2009 APR 27 SECRETAL TALLAHASS
	(City/	State and Zip Code)	SEE. F
For further information	n concerning this matter, please o	eall:	AM IO: 22 Y OF STATE SEE, FLORID
Travis Ross		at (843) 260-2032	D
	ne of Person)	(Area Code & Daytime Tele	ephone Number)
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Crossing Road Productions LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "L	LC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Li	mited Liability Company is:
Principal Office Address: Mailing Address:	
2011 Shadow Lane Neptune Beach Neptune Beach, FL 32266 Neptune Beach, FL	
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agent. You must designate business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	27 27 ARY ASSE
Travis S Ross	
Name	AMIO: 22 OF STATE STATE STATE OF STATE S
2011 Shadow Lane Neptune Beach	_ 3>
Florida street address (P.O. Box <u>NOT</u> accep	table)
Neptune Beach, FL 32266 FL	<u> </u>
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Travis S Ross 2011 Shadow Lane Neptune Beach, FL 32266 (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:** Trova & Rose 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

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)

Travis S Ross

that the facts stated herein are true.)

Typed or printed name of signee