

P. 01/03 Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000153658 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TO:

Division of Corporations

Fax Number : (850)617~6383

From:

Account Name : MCGUIRE WOODS LLP

Account Number : 071075000166

Phone : (904) 798-3200 Fax Number : (904)798~3207

Enter the email address for this business entity to be used for future annual report mailings. Enter only one cmail address please.

cmcclure@mcguirewoods.com

∢Email Address:

FLORIDA LIMITED LIABILITY CO. CROSSEN FAMILY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

B. BOSTICK

JUN 1 0 2011

EXAMINER 6/9/2011

1111000153658

ARTICLES OF ORGANIZATION FOR CROSSEN FAMILY, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

CROSSEN FAMILY, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

1852 Royal Fern lane Jacksonville Beach, FL 32250

ARTICLE III - REGISTERED AGENT & REGISTERED OFFICE

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

James I. Crossen 1852 Royal Fern Lanc Jacksonville Beach, FL 32250

ARTICLE IV - MANAGER

The name and address of the Manager is as follows:

Title

Name and Address

MGR

James I. Crossen
1852 Royal Fern Lane
Lockson William Percek, FL 202

Jacksonville Beach, FL 32250

-9 AH 7:42 SSEE FLORID,

(A)

James I. Crossen, Manager

(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.)

1111000153658

CERTIFICATE OF ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT OF CROSSEN FAMILY, LLC

Pursuant to Section 608.415 of the Florida Limited Liability Company Act, the undersigned, having been designated as the initial Registered Agent for the service of process within the state of Florida upon CROSSEN FAMILY, LLC, a limited liability company organized under the laws of the state of Florida, hereby accepts the appointment as such Registered Agent for the above-named limited liability company and agrees to act in such capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of his position as Registered Agent as provided for in the Florida Limited Liability Company Act and the general laws of the state of Florida relative to keeping open the Registered Office, which Registered Office is located at 1852 Royal Fern Lane, Jacksonville Beach, Florida 32250.

IN WITNESS WHEREOF, the undersigned has executed this Certificate at Jacksonville Beach, Duval County, Florida on this (__ day of ____, 2011.

ames I. Crossen, Registered Agent

三 三 110**何**語36**38**

\30737672,1