

L12000042420

(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:

W12-11692
A. LUNT

MAR 27 2011

EXAMINER

Office Use Only



800219726278

02/23/12--01032--005 **160.00

2012 MAR 26 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2012

TIM & HOLLY BAKER
CROSSROADS INVESTMENTS
1615 DOLPHIN ST.
ST. CLOUD, FL 34771

SUBJECT: TURNING POINT STRATEGIES
Ref. Number: W12000011096

FILED
2012 MAR 26 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TURNING POINT STRATEGIES and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Only one person can be listed as the registered agent please remove one person from article III. This office does not file operating agreements or put them on the state records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 412A00007943

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Crossroads Solutions Investments, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:450 Robinson Ave.
St. Cloud FL 34769**Mailing Address:**450 Robinson Ave.
St. Cloud, FL 34769**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Holly Beth Baker
Name450 Robinson Ave
Florida street address (P.O. Box **NOT** acceptable)
St. Cloud FL 34769
City, State, and Zip2012 MAR 26 PM 2:06
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

Holly B. Baker
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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" = Managing Member

Name and Address:

MGR

TIMOTHY A. BAKER
450 ROBINSON AVE.
ST. CLOUD, FL 34769

MGR

HOLLY B. BAKER
450 ROBINSON AVE.
ST.CLOUD, FL 34769

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02/15/2012. (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:

SIGNATURE: Tim Bahr / Holly Bahr
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 that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

TIM BAKER / HOLLY BAKER

Typed or printed name of signee

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)