L12000042420

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<u> </u>
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
" Pala
11/2/11
A. LUNT MAR 2 7 2011
MAR 2 7 2011
EXAMINE:

Office Use Only

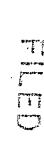


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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 27, 2012

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

SUBJECT: TURNING POINT STRATEGIES

Ref. Number: W12000011096

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Cross Reads Solutions 3 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: Mailing Address:
450 Rabinson Ave. 450 Robinson Ave. St. Clard IFL, 3+769 St. Clard, Fr. 3 +769
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 trusiness critity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Holly Beth Balur Name Horida street address (P.O. Box NOT acceptable) St. Cuard FL 3+769 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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

MGRM" = Managing Member	ليما وينا
MGR	TIMOTHY A. BAKER
	450 ROBINSON AVE.
	ST. CLOUD, FL 34769
	HOLLY B. BAKER
	450 ROBINSON AVE.
	ST.CLOUD, FL 34769
	
Use attachment if necessary)	" ,
E V: Effective date, if other than the ective date is listed, the date must be lays after the date of filing.)	date of filing: 02/15/2012 . (OPTIO e specific and cannot be more than five business

(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)