

L14000135244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

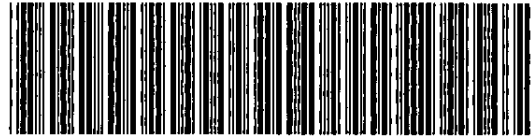
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

AUG 28 2014

S. YOUNG

625



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 1, 2014

SHANNON CHANEY  
6706 CAMDEN BAY DR APT 204  
TAMPA, FL 33635

SUBJECT: INTERCROSS SOLUTIONS L.L.C.  
Ref. Number: W14000020600

We have received your document for INTERCROSS SOLUTIONS L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 614A00006896

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14 MAR 28 AM 11:35  
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: InterCross Solutions  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shannon Chaney  
Name of Person

InterCross Solutions  
Firm/Company

6706 Camden Bay Dr. Apt. 204  
Address

TAMPA, FL 33635  
City/State and Zip Code

intercrossolutions@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Chaney at ( 813 ) 298-6120  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
  - \$130.00 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)
- already on file \**

**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 Circle  
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

InterCross Solutions 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:

6706 Camden Bay Dr. Apt 204  
Tampa, FL 33635

6706 Camden Bay Dr. Apt. 204  
Tampa, FL 33635

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:

Shannon Chaney  
Name

6706 Camden Bay Dr. Apt. 204  
Florida street address (P.O. Box NOT acceptable)

Tampa City      FL 33635 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 605, F.S..

Shannon Chaney  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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14 MAR 28 12:11:30  
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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

\_\_\_\_\_ MGR

Shannon Chaney  
1706 Camden Bay Dr. Apt. 204  
Tampa, FL 33635

\_\_\_\_\_ AMBR

Robert Oventon  
681 Starboard Ave  
Edgewater, FL 32141

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

\_\_\_\_\_  
*Shannon Chaney*

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

\_\_\_\_\_  
Shannon Chaney  
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)

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14 MAR 28 AM 11:36  
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