

L150000044939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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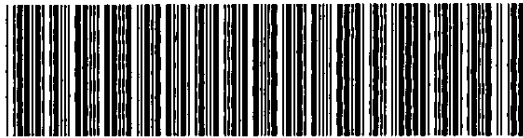


Certificates of Status



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15 MAR 12 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 13 2015

T. BROWN

W15-5916

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHERN CROSSROADS ACADEMIC LLC
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:

BARRY HALLEN
Name of Person

Firm/Company

7192 N. LEEWYNN DRIVE
Address

SARASOTA, FL 34240
City/State and Zip Code

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

For further information concerning this matter, please call:

BARRY HALLEN at (941) 377-1757
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)

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

BARRY HALLEN - 7192 N. LEEWYNN DRIVE - SARASOTA - FL - 34240

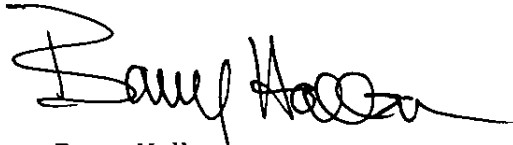
9 March 2015

Dear Division of Corporations,

I enclose a copy of your letter to me of 27 January 2015. After some consideration, I've decided that the best alternative is for me to change SOUTHERN CROSSROADS LLC to SOUTHERN CROSSROADS ACADEMIC LLC.

I hope this will be acceptable to you. I enclose another set of the LLC forms with this new name in place.

Thank you for guidance!



Barry Hallen



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2015

BARRY HALLEN
7192 N LEEWYNN DR
SARASOTA, FL 34240

SUBJECT: SOUTHERN CROSSROADS LLC
Ref. Number: W15000005916

RECEIVED
15 MAR 12 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

We have received your document for SOUTHERN CROSSROADS LLC 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is F02000003739, SOUTHERN CROSSROADS, INC..

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) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 215A00001644

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

15 MAR 12 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTHERN CROSSROADS ACADEMIC 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:

7192 N. LEEUWYNN DRIVE
SARASOTA, FL 34240

Mailing Address:

7192 N. LEEUWYNN DRIVE
SARASOTA, FL 34240

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:

BARRY HALLEN
Name

7192 N. LEEUWYNN DRIVE
Florida street address (P.O. Box NOT acceptable)
SARASOTA FL 34240
City 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.

Barry Hallen
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

BARRY HALLEN
7192 N. LEWUNN DRIVE
SARASOTA, FL 34240

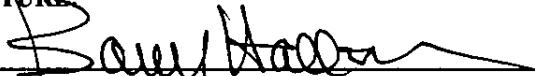
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.)

BARRY HALLEN

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)