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SECKETARY OF STATE

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COVER LETTER

T(): New Filing Section
Division of Corporations

SUBJECT: DANIEL CROSS 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:

DANIEL CROSS
Name of Person
NA
/ Firm/Company
7901 DAUSSET ST.
Address
DRLANDO, FL 32821
City/State and Zip Code
dANCIPOSS 1984 a GMAIL. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□8125.00 Filing Fee □S

☐\$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 enclose

Mailing Address

New Filing Section Division of Cerporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RTI	CI	LE.	I -	Name:
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The name of the Limited Liability Company is:

IAN	FL	CR	055,	LL	<u></u>
(Mu	st contain the v	vords "Limite	d Liability Comp	any, "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:
7901 DAUSSET ST	SAME
DRIANDO FL 32821	

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:

2	INIEL	C_{i}	ROSS	_
	Na	me		
7901	DAN	SSET	- ST	
Florida s	treet address (P.			
ORLA	60M	FL	328	2 /
	City	State	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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	DANIEL CROSS 7901 DAUSSETS ORLANDO, FL 328	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the If an effective date is listed, the date must	e date of filing:	IONAL) prior to or 90
he date of filing.)	s not meet the applicable statutory filing requirements, this	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	SLM Ph.S	

1...11...1

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

DANIEL CROSS

Typed or printed name of signee

Filing Fees:

\$ 30.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

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