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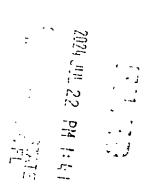
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:	7			

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# COVER LETTER

Division of Corporations			
SUBJECT: Crossrocids Provided Lia	ESSUTE Washing, LLC bility Company		
The enclosed Articles of Organization and fee(s) are submit	ted for filing.		
Please return all correspondence concerning this matter to the	ne following:		
JORDAN A	Cook		
Crossrands Pre	Source Washing, LLC		
	deress Road		
JORDANEN FL City/State  jordane ook 5297 @  E-mail address: (to be used for future)	32462		
City/State	and Zip Code		
B mail address: (to be used for future	gmail. (on		
E-man address. (to be used for futur	e annual report notification)		
For further information concerning this matter, please call:			
JORDAN A. COOK at (850) Name of Person Area Code	, 326-0457		
Name of Person Area Code	Daytime Telephone Number		
Enclosed is a check for the following amount:			
Certificate of Status Cer	S155.00 Filing Fee & □S160.00 Filing Fee, tiffed Copy Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address	Street Address 2		
New Filing Section	New Filing Section Division The Centre of Tallahassee		
Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810			
Tallahassee, FL 32314 Tallahassee, FL 32303			

## ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager  MGR"	JORDAN A. COOK 4299 Wilderness Rd VERNON, FIR 32962	_
		<u>-</u> -
<del></del>		_ _ _
		_
(Use attachment if necessary)		_
he date of filing.)	ate of filing: July 10, 2024. (OPTIONAL)  specific and cannot be more than five business days prior to or so  of meet the applicable statutory filing requirements, this date will need of State's records.	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
Jord	-A Cah	
This document is exe I am aware that any fa constitutes a third deg	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes also information submitted in a document to the Department of Statutes felony as provided for in s.817.155, F.S.	
Jordo	Typed or printed name of signee	21
	<u>Filing Fees:</u> Organization and Designation of Registered Agent	2024 (1111)
\$ 30.00 Certified Copy (Optional)	J	Po

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

(Must contain 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:		
VERNON FIA. 32442	4299 Willemess Rd		

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:

State

St

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.,

(CONTINUED)