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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000399975 3)))



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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : STEVEN K. HALL, P.A.
Account Number : I20010000204
Phone : (850)337-4600
Fax Number : (850)807-6651

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: jason@carterfl.com

RECEIVED

2024 DEC -4 PM 4:56

SECRET
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.
174 Southern Cross, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2024 DEC -4 PM 3:00

174 Southern Cross, LLC

H240003999753

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: 174 Southern 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:

Jason T Carter

Name of Person

Firm/Company

200 Business Centre Dr Ste F

Address

Miramar Beach, FL 32550

City/State and Zip Code

jason@carterfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason T Carter

850

978-2106

at (_____) _____

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

New Filing Section
Division of Corporations
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

2024-12-04 10:00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

174 Southern Cross, LLC

(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:**200 Business Centre Dr Ste F
Miramar Beach, FL 32550200 Business Centre Dr Ste F
Miramar Beach, FL 32550**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:


Jason T Carter

Name

200 Business Centre Dr Ste FFlorida street address (P.O. Box **NOT** acceptable)

<u>Miramar Beach</u>	<u>FL</u>	<u>32550</u>
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 I 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)

2024-12-04 11:30:00

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ARTICLE IV-

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

Title:

"ANIBR" = Authorized Member

"MGR" = Manager

Name and Address:MGR
Jason T Carter
200 Business Centre Dr Ste F
Miramar Beach, FL 32550

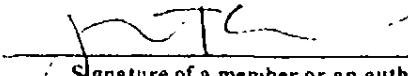
(Use attachment if necessary)

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


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.
Jason T Carter

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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