# M900006351

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

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#### **COVER LETTER**

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TO:

TO:		ration Section n of Corporation	\$						
SUBJE		ROSS CITY LUM	BER, LLC						
564.76			Name of I	Limited Liability (	Company	<del></del>		_	
The en- Exister	closed "A nce, and c	application by Fore heck are submitted	eign Limited Liability Comp I to register the above refere	pany for Authoriza enced foreign limit	ntion to Tra	ansact Business y company to tr	in Florida ansact bus	." Cer iness i	tificate of in Florida
Please	return all	correspondence co	oncerning this matter to the	following:					
		Jessica Young							
		-	Ni	ame of Person				_	
		Langdale Vallot	ton,LLP						
Firm/Company								_	
		PO Box 1547							
				Address				_	
		Valdosta, GA 3	1603					2019, JUH 14	
	City/State and Zip Code						3 = 2 = 3	HUH	<u>≯</u> ~ ~ . ~ . ~
		mike@crosscity					·*:- 	_ -	
			E-mail address: (to be used	d for future annual	report not	ification)			0
For fur	ther infor	mation concerning	g this matter, please call:				7114	7: 47	
	Jessica —-	Young		229 at (	244-54( _)			<b></b> -	
		Name of	Contact Person	Area Code	Day	time Telephono	Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301							
Enclos		eck for the following 5.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Fi of Status & C			cate

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACTRUSINESS INTUES STATEOFFI ORIDA:

	JSINESS INTHIE STATEOFFLORIDA:					
1. Cross City Lumber, LI (Name of Foreign	_C Limited Liability Company; must include "Limited	d Liability Company," "L.L.C.," or "LL	C.")			
(If name unavailable, enter atternate	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limi	ted Liability Company," "L.L.C." or "Ll.C.")			
2 Georgia						
	hich foreign limited liability company is organized)	3. (FEI number, if applicable)				
4.						
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ne penalty liability)	<del></del>			
5. 59 North East 132nd	Avenue	6. PO Box 208				
(Street Address of	Principal Office)	(Mailing Address) Homerville, GA 31634				
Cross City, FL 32628		Homervine, GA 31034				
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)				
Name:	Mike Tate	<del></del>				
Office Address:	59 North East 132nd Avenue	<u>.</u>	2019 JUN 1			
	Cross City	. Florida 32628	ر <u>او</u> 9			
Registered agent's accep	Cross City (City)	(Zij	p code)			
to comply with the provis	ntion, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent.	and complete performance of t				
	(Registered agent's	signature)				
8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who ha  Name and Address:	is/have authority to manage is/ar <u>Title or Capacity:</u>	e: <u>Name and Address:</u>			
<u>MGR</u>	Steve W. Conner PO Box 208 Homerville, GA 31634	<u>MGR</u>	Mike Tate 59 North East 132 <sup>nd</sup> Ave Cross City, FL 32628			
<u>MGR</u>	Steve E. Conner PO Box 208 Homerville, GA 31634	<u>MGR</u>	<u>Daniel Dickert</u> 59 North East 132 <sup>nd</sup> Ave <u>Cross City, FL 32628</u>			
(Use attachments if neces	ssary)					
	e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted)					
	cuted in accordance with section 605.0203 to the Department of State constitutes a th	ird degree felony as provided for				
	/ 3 / - //					

Signature of an authorized person

Typed or printed name of signee

Steve W. Conner

Control Number: 17045628

## STATE OF GEORGIA

### **Secretary of State**

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Cross City Lumber, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 17209714
Date Inc/Auth/Filed: 04/27/2017
Jurisdiction : Georgia
Print Date : 05/24/2019

Form Number : 211



Brad Rafferspage

Brad Raffensperger Secretary of State