

M 21 0000000842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

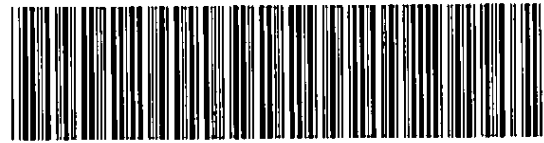
(Document Number)

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2021 JAN 22 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FL

YS
1/22/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2020

LYNDSIE HARRIS
32691 DASHIEL PALM LANE
WESLEY CHAPEL, FL 33543

SUBJECT: CROSSOVER CREDIT LLC
Ref. Number: W20000137927

Call Secretary of
State
Certificate
of Existence
→ good standing

We have received your document for CROSSOVER CREDIT 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 jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yvette Scott
Document Specialist II

Letter Number: 520A00024378

RECEIVED
JAN 15 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

Crossover Credit LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lyndsie Harris

Name of Person

Crossover Credit LLC

Firm/Company

32691 Dashed Palm Lane

Address

Wesley Chapel FL 33543

City/State and Zip Code

crossovercredit7@gmail.com

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

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TALLAHASSEE, FL

FILED

For further information concerning this matter, please call:

Lyndsie Harris

614

596-0237

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Crossover Credit LLC

1. _____
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

85-1940705

2. Ohio
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI number, if applicable)

October 1, 2020

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0004 & 605.0005, F.S. to determine penalty liability)

32691 Dashed Palm Lane

32691 Dashed Palm Lane

5. _____
(Street Address of Principal Office)

Wesley Chapel FL, 33543

6. _____
(Mailing Address)

Wesley Chapel FL, 33543

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Lyndsie Harris

Name _____

32691 Dashed Palm Lane

Office Address: _____

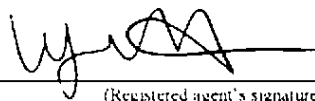
Wesley Chapel

33543

_____, Florida _____
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

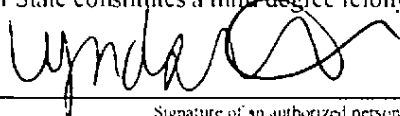
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Lyndsie Harris</u>	<input type="checkbox"/> Manager	Name: _____
	<u>32691 Dasher Palm Lane</u>		
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
	<u>Wesley Chapel FL</u>		
<input checked="" type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



Signature of an authorized person

Lyndsie Harris

Typed or printed name of signee

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CROSSOVER CREDIT L.L.C., an Ohio For Profit Limited Liability Company, Registration Number 4505239, was organized within the State of Ohio on July 14, 2020, is currently in FULL FORCE AND EFFECT upon the records of this office.

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SECRETARY OF STATE
TALLAHASSEE, FL



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 4th day of January, A.D. 2021.*

A black and white image of a handwritten signature, "Frank LaRose", on a dark background.

Ohio Secretary of State

Validation Number: 202100403948