

M23000015419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

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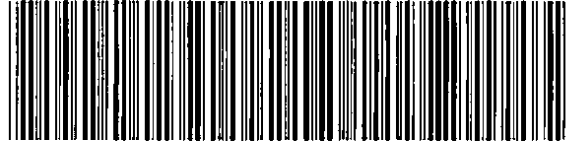
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2023 SEP 11 PM 4:08
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[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEAMLAWCROSSROADS AI LLC

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:

BELINDA EDOUARD

Name of Person

TEAMLAWCROSSROADS AI LLC

Firm/Company

5401 SOUTH KIRKMAN STE 310

Address

ORLANDO , FL 32819

City/State and Zip Code

TEAMLAWCXRD@GMAIL.COM

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

For further information concerning this matter, please call:

BELINDA

407

308-8689

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
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Division of Corporations**

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BELINDA EDOUARD

Name of Person

TEAMLAWCROSSROADS AI LLC

Firm/Company

5210 34TH ST CIR E APT 307

Address

BRADENTON FL 34203

City/State and Zip Code

TEAMLAWCXRD@GMAIL.COM

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

For further information concerning this matter, please call:

BELINDA EDOUARD

407

308-8689

at (_____)

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

TEAMLAWCROSSROADS AI FL 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.")

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

3. 7652090
(FEI number, if applicable)

4. 10/24/2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. S THE GREEN STE A
(Street Address of Principal Office)

6. 5401 SOUTH KIRKMAN STE 310
(Mailing Address)

DOVER DE

ORLANDO FL

19901

32819

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

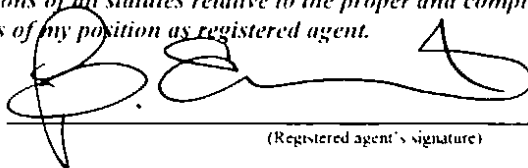
Name: BELINDA EDOUARD

Office Address: 5210 34TH ST CIR E APT 307

BRADENTON, Florida 34203
(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)

FILED
2023 SEP 11 PM 4:08
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
PALM BEACH COUNTY, FLORIDA

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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: JON KUIKEN

☐ Member Address: 5210 34TH ST CIR E APT 307

☐ Authorized 5210 34TH ST CIR E APT 307

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: BELINDA EDOUARD

☐ Member Address: 5210 34TH ST CIR E APT 307

☐ Authorized BRADENTON FL 34203

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

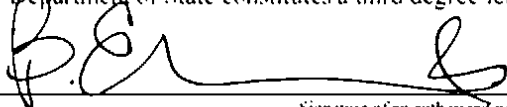
Person _____

☐ Other _____ ☐ Other _____

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

Belinda Edouard

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TEAMLAWCROSSROADS AI LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TEAMLAWCROSSROADS AI LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

7652090 8300

SR# 20233809105

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204445070

Date: 10-25-23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEAMLAWCROSSROADS AI LLC

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BELINDA

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308-8689

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Area Code

Daytime Telephone Number

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(Mailing Address)

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ORLANDO FL
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Name: BELINDA EDOUARD

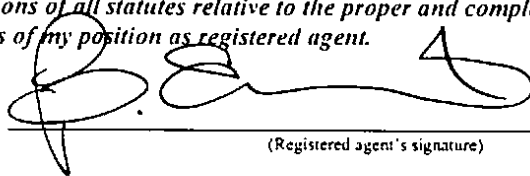
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(Registered agent's signature)

FILED
2023 SEP 11 PM 4:08
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

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Title or Capacity: Name and Address:

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☐ Member Address: 5210 34TH ST CIR E APT 307

☐ Authorized 5210 34TH ST CIR E APT 307

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: BELINDA EDOUARD

☐ Member Address: 5210 34TH ST CIR E APT 307

☐ Authorized BRADENTON FL 34203

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

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☐ Member Address: _____

☐ Authorized _____

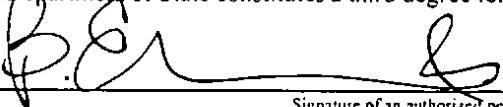
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Typed or printed name of signer

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7652090 8300

SR# 20233809105

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock Secretary of State" is printed.

Jeffrey W. Bullock Secretary of State

Authentication: 204445070

Date: 10-25-23