

P 11000036326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

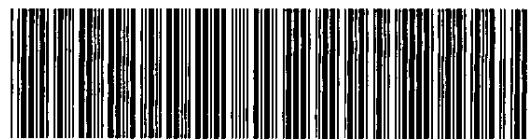
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Crossroads Trading Company, Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status Status
ADDITIONAL COPY REQUIRED

FROM: Ben Steven Trawick

Name (Printed or typed)

221 W Silverthorn Lane

Address

Ponte Vedra, FL 32081

City, State & Zip

904-803-9517

Daytime Telephone number

trawicks@comcast.net

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Crossroads Trading Company, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
221 W Silverthorn Lane
Ponte Vedra, FL 32081

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To engage in business.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ben Steven Trawick	Name and Title: _____
Address: 221 W Silverthorn Lane	Address: intentionally left blank
Ponte Vedra, FL 32081	
<hr/>	
Name and Title: intentionally left blank	Name and Title: _____
Address: intentionally left blank	Address: intentionally left blank
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Name and Title: intentionally left blank	Name and Title: _____
Address: intentionally left blank	Address: intentionally left blank
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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Ben Steven Trawick
Address: 221 W Silverthorn Lane
Ponte Vedra, FL 32081

SECRETARY OF STATE
TALLAHASSEE, FL 32399

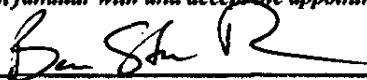
11 APR 18 AM 7:50

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ben Steven Trawick
Address: 221 W Silverthorn Lane
Ponte Vedra, FL 32081

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

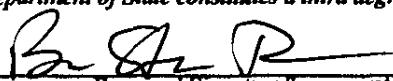


Required Signature/Registered Agent

4-11-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

4-11-11

Date