## P110000003090

(Requestor's Name)
(Address)
(Address)
(
(0) 101 1 (7) (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2004.110.117.00.1120.1,
0-47-10
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
İ





500209850115

07/13/11--01013--018 \*\*70.00

2011 JUL 13 PM 1: 05

न् नीष्ट्रा।

## **COVER LETTER**

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

SUBJECT: Crossroads Roots 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 & Certificate of Status  Certified Copy & Certified Copy & Certificate Status  ADDITIONAL COPY REQUIRED.	Copy ate of		
FROM: SONIA SANCHEZ  Name (Printed or typed)  1771 46TH TERR SW #2	· <b>-</b>		
Address  NAPLES, FL 34116  City, State & Zip  239-269-6721	<del></del>	2011 JUL 13	SECRETARY DIVISION OF C
Daytime Telephone number  Crossroadsroots@hotmail.com  E-mail address: (to be used for future annual report notification)	- ;. -	3 PM 1: 05	Y OF STAFE CORPORATIONS

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 The name of the co	NAME CROSSROADS ROOTS I orporation shall be:	NC. SECRETARY OF DIVISION OF CORPO	ع المار المار
ARTICLE II	PRINCIPAL OFFICE	Mailing address, If difficiells is 3 PM	MAH!!!
	Principal <u>street</u> address 1771 46TH TERR SW #2 NAPLES, FL 34116	Mailing address, if diffetell ist. J PM	
	PURPOSE which the corporation is organized is: LL LEGAL PURPOSES		
ARTICLE IV The number of sha			
	INITIAL OFFICERS AND/OR DIRECTORS	t min	
Name and T Address:	itle: SONIA SANCHEZ, OWNER 1771 46TH TERR SW #2	Name and Title:	-
71441633.	NAPLES, FL 34116	sudi ess.	
			<del>.</del>
	Title: 1	Name and Title:	
Address:		Address:	_
			_
			_
Name and T Address:		Name and Title:	
Address:		Address:	_
			_
ADDICE DE LIE	DECIGERED ACEIM		
	_REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the	e registered agent is:	
Name:	SONIA SANCHEZ	registered agent is.	
Address:	1771 46TH TERR SW #2		
	NAPLES, FL 34116		
ARTICLE VII	INCORPORATOR		
The <u>name</u> and ad	dress of the Incorporator is:		
Name:	SONIA SANCHEZ		
Address:	1771 46TH TERR SW #2		
	NAPLES, FL 34116		
	ned as registered agent to accept service of process for m familiar with and accept the appointment as registe	r the above stated corporation at the place designated red agent and agree to act in this capacity	d in
Mi	Courchy-	07/10/2011	
	Required Signature Registered Agent	Date	_
	ument and affirm that the facts stated herein are tro Department (Stat) constitutes a third degree felony a	te. I am aware that the false information submitted is provided for in s.817.155, F.S.	in a
		-	
$\underline{\hspace{1cm}}$	- Junuary	07/10/2011	_
	Required Signature/Incorporator	Date	