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(Requestor's Name)				
(Address)				
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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SECRETERY OF STATE
DIVISION OF CORPORATIONS



COVEF: LETTER

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

SUBJECT: Cros	ssroad Words In	С.	
	(PROPOSED CORPORA	T E NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: C	olavito L. Terry	e Printed or typed)	- 18181181181
15	597 W 35th Stree	9 T	
اد	oksopvillo El 32	A ldress	

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

City, State & Zip

Daytime Te ephone number

crossroadwordzt681@gmail.com

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

(904) 765-2884

SECRETARY OF STATE OF STATE OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2013

DOREEN WHITFIELD 7619 RUDY COURT JACKSONVILLE, FL 32210

2ND MAILING

SUBJECT: CROSSROAD WODS INC.

Ref. Number: W13000053416

We have received your document for CROSSROAD WODS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 813A00022565

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SECKE IARY OF STATE SECKE IARY OF STATE

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2013

COLAVITO L. TERRY 1597 W 36TH STREET JACKSONVILLE, FL 32209

SUBJECT: CROSSROAD WODS INC.

Ref. Number: W13000053416

We have received your document for CROSSROAD WODS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 813A00022565

SECRE LARY OF STATE
DIVISION OF CORPORATIONS

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

SECKETARY OF STATE DIVISION OF CORPORATIO Mailing address if different is: 13 OC 23 PH 2: 48
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ent business.
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Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and F</u>	lorida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	Doreen C. Whitfield	
Address:	7619 Rudy Court	-
	Jacksonville, Florida ろみよ10	-
		-
ARTICLE VII	INCORPORATOR	
he name and a	idress of the Incorporator is:	
no <u>name and a</u>	Calovito L. Terry	
Name:	<u> </u>	_
Address:	1597 West 35th Street	
Address;	Jacksonville, Florida 32209	_
		_
	ned as registered agent to accept service of proces am familiar with and accept the appointment as re	s for the above stated corporation at the place designated gistered agent and agree to act in this capacity
Derien	& E Whitfield	10/19/2013
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	true. I am aware that the false information submitted in ny as provided for in s.817.155, F.S.
///	$\ell + 1$	10/19/2013
. Apolle	Required Signature/Incorporator	Date
, ,		

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