

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

## CERTIFICATE OF ORGANIZATION

WHEREAS,

**CROSSROADS NETWORK, LLC**


**LC1796594**

filed its Articles of Organization with this office on the 22nd day of June, 2021, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, John R. Ashcroft, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on 22nd day of June, 2021, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

Effective Date: June 22, 2021

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, the 22nd day of June, 2021.

  
Secretary of State





# State of Missouri

John R. Ashcroft, Secretary of State

Corporations Division  
PO Box 778 / 600 W. Main St., Rm. 322  
Jefferson City, MO 65102

LC1796594  
Date Filed: 06/22/2021  
John R. Ashcroft  
Missouri Secretary of State

## Articles of Organization

(Submit with filing fee of \$105.00)

1. The name of the limited liability company is

Crossroads Network, LLC

(Must include "Limited Liability Company" "Limited Company," "LC," "LC," "LLC," or "LLC")

2. The purpose(s) for which the limited liability company is organized:

To engage in any and all lawful acts or activities for which LLC's may be organized in Missouri

3. The name and address of the limited liability company's registered agent in Missouri is:

C T Corporation System

120 South Central Avenue

Clayton, MO 63105

Name

Street Address May not use PO Box unless street address also provided

City/State/Zip

4. The management of the limited liability company is vested in: ☐ managers ☒ members (check one)

5. The events, if any, on which the limited liability company is to dissolve or the number of years the limited liability company is to continue, which may be any number or perpetual. Perpetual

(The answer to this question could cause possible tax consequences, you may wish to consult with your attorney or accountant)

6. The name(s) and street address(es) of each organizer (PO box may only be used in addition to a physical street address.)  
(Organizer(s) are not required to be member(s), manager(s) or owner(s))

Brittany McClanahan, 11401 Lamar Ave, Overland Park, KS 66211

7. Series LLC (OPTIONAL) Pursuant to Section 347.186, the limited liability company may establish a designated series in its operating agreement. The names of the series must include the full name of the limited liability company and are the following:

New Series

The limited liability company gives notice that the series has limited liability

New Series

The limited liability company gives notice that the series has limited liability.

New Series

The limited liability company gives notice that the series has limited liability

(Each separate series must also file an Attachment Form LLC 1A.)

(Please see

Name and address to return filed document:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_



20210622-1013268

LLC-1 (10/2020)


8. Principal Office Address (OPTIONAL) of the limited liability company (PO Box may only be used in addition to a physical street address): 11401 Lamar Ave , Overland Park, KS 66211  
(Name street address May not use PO Box unless street address also provided City/State/Zip)

9 The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated \_\_\_\_\_  
(Date may not be more than 90 days after the filing date in this office)

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

All organizers must sign:

	Brittany McClanahan	6/15/2021
Organizer Signature	Printed Name	Date
Organizer Signature	Printed Name	Date
Organizer Signature	Printed Name	Date