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COVER LETTER

	O: Registration Section Division of Corporations							
SUBJEC"	T. CROSS CO	OUNTRY REALTY	INC					
500000		Name of	corporation	- mu	st include suffix			
Dear Sir or	Madam:							
"Certificate	e of Existence.		f Good Stan	ding"	and check are sub-	et Business in Flori mitted to register th		
Please retu	m all correspo	ndence concernin	g this matter	to the	e following:			
CHRISTIN	A GENNARO							
		-	Name of	Person	1			
CROSS CO	UNTRY REAL	TY INC						
			Firm/Com	pany		· · · · · · · · · · · · · · · · · · ·	1	
395 N SER	VICE ROAD, S	OTTE 112-W						
	 -	-	Addre	SS			<u> </u>	
MELVILLI	E, NEW YORK							
· · ·			City/State ar	ıd Ziş	code		 	
christina@c	rosscountryreal	tor.com						
		E-mail address:	to be used f	or fut	ure annual report n	otification)	1	
For further	information c	oncerning this ma	tter, please c	aH:				
Christina Gennaro at (631)			6-1671					
N:	ame of Person		Area Code	:	Daytime Teleph	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
	check payable	te following amoute: FLORIDA DEF \$78.75 Filing Certificate of	ARTMENT Fee &	\$78.	TATE 75 Filing Fee & ified Copy	□ \$87.50 Filing Certificate of Certified Cop	`Status &	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. CROSS COUNTRY REALTY INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) NEW YORK (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 395 N SERVICE ROAD, SUITE 112-W, MELVILLE, NEW YORK 11747 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ROSEMARIE MANGIARACINA Name: 270 SOUTH MELROSE DRIVE Office Address: MIAMI SPRINGS 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS						
€ Chairman	Name: MARK GALLAGHER	□Chairman	Name:			
□Vice Chairman	Address: Suite 112-W 11797	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
□Scoretary	☐ Treasurer	□Secretary		Treasurer		
Other	Other	Other		□Other		
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	- N	□Director				
□Presidem		□President				
□Vice President		□Vice President			2020	
□ Secretary	□Treasurer	□Secretary		☐ Treasures	007	****
■Other BROKER	Other	□Other		□Other •	<u> </u>	17
□Chairman	Name: ROSEMARIE MANGIARACINA	□Chairman	Name:	1.00 Pa	PH 2: 38	Ċ
□Vice Chairman	Address: 270 MELROSE DRIVE, MIAMI Spring	S ∐Vice Chairman	Address:	4.		
Director		□Director	<u> </u>			
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary		□Treasurer		
□Other	□Other	□iOther		[]Other	<u>-</u>	·
individuals may be 12 The officer or direct	etor signing this document (and who is listed in number	of State Annual Re Officer 11 above) affirms the	eport form,	d herein are true a	and that	he or
s.817.155, F.S.	lse information submitted in a document to the Departm				icu tor II	13
13. <u>Mark</u>	Gallagher Chairman (Typod or printed name and capacity of person	n signing application	1)	<u> </u>	-	

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CROSS COUNTRY REALTY INC. was filed on 06/17/2020, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 15th day of July two thousand and twenty.

Braden C Hylan

Brendan C Hughes
Executive Deputy Secretary of State