Division of Corporations

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8/7/25, 3:07 PM

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TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : ARTURO J. BRAVO ESQ., P.A.
Account Number : I20220000098
Phone : (786)374-2372
Fax Number : (786)416-6145

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: team@crosswise.legal

FLORIDA LIMITED LIABILITY CO.
AMITY INVESTING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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FLORIDA

ARTICLE I - Name:
The name of the Limited Liability Company is:

AMITY INVESTING LLC
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
848 BRICKELL AVE	848 BRICKELL AVE
STE 300	STE 300
MIAMI, FL 33131	MIAMI, FL 33131

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTURO J BRAVO ESQ. P.A.
Name

848 BRICKELL AVE. STE 300
Florida street address (P.O. Box **NOT** acceptable)

MIAMI	FL	33131
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

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TALLAHASSEE, FLORIDA

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	CROSSWISE COLLECTIONS LLC 848 BRICKELL AVE STE 300 MIAMI, FL 33131

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.
TO ENGAGE IN ANY LAWFUL ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED IN THIS STATE.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

ARTURO J BRAVO
Typed or printed name of signee

Filing Fees:
$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)