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8/7/25, 3:07 PM

Division of Corporations

FILED

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

2025 AUG -7 PM 2:16

SECRETARY OF STATE
FLORIDA

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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

****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

H25000276638 3**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****FILED****ARTICLE I - Name:**

The name of the Limited Liability Company is:

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AMITY INVESTING LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**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 AVESTE 300MIAMI, FL 33131848 BRICKELL AVESTE 300MIAMI, 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 300Florida street address (P.O. Box **NOT** acceptable)MIAMIFL33131

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)

H25000276638 3**ARTICLE IV-**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDACROSSWISE COLLECTIONS LLC
848 BRICKELL AVE STE 300
MIAMI, FL 33131

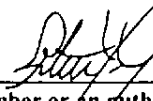
(Use attachment if necessary)

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)