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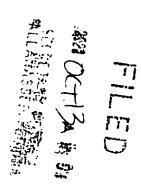
(Requestor's Name)				
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Division of Corporations	,
SUBJECT: <u>Ĉ POSS COUN</u>	2, Proporti INVESTMENTS LL
Nai	me of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Existence, and check are submitted to register the above	y Company for Authorization to Transact Business in Florida." Certificate of e referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter	r to the following:
Cafa Jo	Name of Person
Choss Coan	te, Property Incorporer 566
301 1944 A	Address
Bradenki	FC 3 120 5 City/State and Zip Code
	be used for future annual report notification)
For further information concerning this matter, please c	call:
Gar, Wale 24/C Name of Contact Person	at (911) 448 - 413 Area Code Daytime Telephone Number
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE  \$125.00 Filing Fee \$130.00 Filing F  Certificate	EPARTMENT OF STATE Fee &  S160.00 Filing Fee, Certificate



October 8, 2020

GOR WAKZAK 3301 19 AVE W BRADENTON, FL 34205

SUBJECT: CROSSCOUNTRY PROPERTY INVESTMENTS LLC

Ref. Number: W20000115597

We have received your document for CROSSCOUNTRY PROPERTY INVESTMENTS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6051.

Letter Number: 720A00019702

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

District of Connections D.O. DOV 6007 M.H. L. Cl. 11, 2001

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILII COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. CROS SCOUNTRY Page Lty INVESTMENTS LL C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.")
CROSSCOURS, INVESTMENTS OF FLORING LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C,")
2. Oh; O  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 85-3/2/424  (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 1-1-202 (Date first transacted business in Florida, if prior to registration.)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 23 5 Main St 6. 38/1944 AVR 4 (Street Address of Principal Office)  6. (Mailing Address)
3D Floca Bradenton FC AKRON OH 44308 3/205
AKRON OH 44308 3400
11/ Kon OH 1938 3905
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Cada Javis
Office Address: 33el 1944 Ave U
Balenton FC Florida 3/205
Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agre 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.
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Cayla Jakvis	□Manager	Name: Gazy Walczal
□Member	Address: 3301 1944 AUX	□Member	Address: 33e/ 1940 121
□Authorized	W BRAdonton PC	€Authorized	w Bosserfor FC
Person	31/205	Person	w Bosserson FC 3/205
□Other	Other	□Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. 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.

Signature of an authorized person

CAVIA JARVI

Typed or printed name of signee

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CROSSCOUNTRY PROPERTY INVESTMENTS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4156294, was organized within the State of Ohio on April 1, 2018, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus. Ohio this 28th day of September, A.D. 2020.

**Ohio Secretary of State** 

Fred John

Validation Number: 202027204782