

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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FLORIDA PROFIT CORPORATION OR P.A.

CROSSCOUNTRY FINANCIAL CORP.

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 8, 1999

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SUBJECT: CROSSCOUNTRY FINANCIAL CORP.

REF: W99000008467

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list the corporation's principal office and/or a mailing address in the document.

The registered agent and street address must be consistent wherever it appears in your document.

The name of the entity must be identical throughout the document.

PLEASE NOTE THAT "CROSSCOUNTRY" ON THE REGISTERED AGENT PAGE NEEDS TO BE ONE WORD, NOT TWO.

PLEASE DELETE THE DOLLAR SIGN OFF OF THE NUMBER OF SHARES IN ARTICLE IV. ALSO, YOU MUST LIST AN ADDRESS FOR THE INCORPORATOR.

If you have any further questions concerning your document, please call (850) 487-6928.

Michelle Milligan Document Specialist

FAX Aud. #: H99000008334 Letter Number: 899A00017917 45E80000PPH

ARTICLES OF INCORPORATION (GENERAL)

ARTICLE I CORPORATE NAME

The name of the Corporation is CrossCountry Financial Corp. 4801 S. University Drive, Suite 252, Ft. Lauderdale, Florida 33328.

ARTICLE II PURPOSE

The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under the Florida. State Law of the State of Florida other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the State of Florida Corporations Code.

ARTICLE III REGISTERED OFFICE/AGENT

The street address of the Corporation's initial registered office in the State of Florida is 4801 S. University Drive, Suite 252, Ft. Lauderdale, Florida 33328; and the name of its initial registered agent at such address is Linda L. Walden, 4801 S. University Drive, Suite 252, Ft. Lauderdale, Florida 33328.

ARTICLE IV AUTHORIZED CAPITAL STOCK

The total number of shares of which the Corporation shall have the authority to issue are 500, and the par value of each share shall be 1.00 per share.

ARTICLE V **PROVISIONS**

The provisions for the regulations of the internal affairs of the Corporation shall be as set forth in the bylaws.

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ARTICLE VI DURATION

The duration of the Corporation shall be forever.

ARTICLE VII BOARD OF DIRECTORS

The number of directors constituting the initial Board of Directors of the Corporation is One (1).

The name and address of each person who is to serve as members of the initial Board of Directors of the Corporation are as follows:

Linda L. Walden, 4801 S. University Drive, Suite 252, Ft. Lauderdale, Florida 33328.

IN WITNESS THEREOF, the undersigned incorporator has executed these Articles of Incorporation on this, the 9th day of April, 1999.

Linda L. Walden

10271 S.W. 9th Lane

Pembroke Pines, FL 33025

Incorporator 1

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

First that <u>CROSSCOUNTRY</u> Financia. (Name of Corpor	L CORP.	
(Name of Corpor	ation)	
desiring to organize under the laws of the State of	FLORIDA	
	(Florida)	
with its principal office, as indicated in the articles of	Incorporation has	
named Linda L. Walden		
(Name of Registered Agent) located at 480/ S. University Dr.	# 252	
City of Et. Landerdale County of Brouged		
as its agent to accept service of process within this state.		

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.

SIGNATURE Walker Registered Agent

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