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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From:
Account Name : LIESER SKAFF, PLLC
Account Number : I2015000057
Phone : (813)280-1256
Fax Number : (813)251-8715

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

Email Address: Bryce.Jenkins@Cross-REH.com

RECEIVED

2025 JAN 13 PM 4:53

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2025 JAN 13 PM 4:59
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**FLORIDA LIMITED LIABILITY CO.
Cross Real Estate Holdings 2021, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Cross Real Estate Holdings 2021, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ghada Skaff
Name of Person
Lieser Skaff, PLLC
Firm/Company
403 N Howard Ave
Address
Tampa, FL 33606
City/State and Zip Code
Bryce.Jenkins@Cross-REH.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ghada Skaff 813 280-1256
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- Selected: \$125.00 Filing Fee
Other options: \$130.00 Filing Fee & Certificate of Status, \$155.00 Filing Fee & Certified Copy, \$160.00 Filing Fee, Certificate of Status & Certified Copy

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cross Real Estate Holdings 2021, 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:

3602 E 7th Avenue
Tampa, FL 33605

3602 E 7th Avenue
Tampa, FL 33605

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:

Richard C. Jenkins

Name

3602 E 7th Avenue

Florida street address (P.O. Box NOT acceptable)

Tampa

FL

33605

City

State

Zip

FILED
2025 JAN 13 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Richard Cross Jenkins
3602 E. 7th Avenue
Tampa, FL 33605

SEC

Tara Cole
3602 E. 7th Avenue
Tampa, FL 33605

MGR

Susan Giglio Jenkins
3602 E. 7th Avenue
Tampa, FL 33605

MGR

Bryce Peter Jenkins
3602 E. 7th Avenue
Tampa, FL 33605

(Use attachment if necessary) *See attached*

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.

REQUIRED SIGNATURE:

Decompleted by
Bryce Jenkins

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (i) (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.

Bryce Jenkins

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)

ARTICLE VI
Management (continued)

Title: COO

Aaron Lee King
3602 E 7th Avenue
Tampa, FL 33605