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COVER LETTER

то:		tration Section ion of Corporations							
SUBJ	FCT.	CROWBAR INC							
Name of corporation - must include suffix									
Dear S	ir or M	adam:							
"Certif	icate of	"Application by Foreign Conf Existence," or "Certificate ced foreign corporation to tra	of Good Stan	ıding'	'and check are submitt				
Please	return :	all correspondence concernit	ng this matter	r to th	e following:				
BRIAN	COGG	AN							
			Name of	Perso	on				
CROW	BAR IN	∛C							
			Firm/Con	npany					
4602 C	OUNTY	7 RD 673 1848							
			Addre	ess					
BUSHN	NELL, F	FLORIDA 33513					?		
			City/State a	nd Zi	p code	 .	:		
BRIAN	@DRU	MTAG.COM							
		E-mail address:	(to be used t	for fu	ture annual report notif	ication)	~ ` '		
For fur	ther inf	formation concerning this ma	itter, please o	all:			-		
BRIAN	cogg	IN	208 at (76	587511				
	Name	e of Person	Area Cod		Daytime Telephone	Number	_		
	Regist Divisi The C 2415	CET/COURIER ADDRESS tration Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	: :		MAILING ADD Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations			
Please n		check for the following amore eck payable to: FLORIDA DE ng Fee	PARTMENT Fee &	□ \$78		\$87.50 Fili Certificate Certified C	of Status &		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.") CLOWBAR IT INC (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florid [IDAHO] [State or country under the law of which it is incorporated] [Date of incorporation] [Date of incorporation] [Date of incorporation] [Date of duration, if other than perpetual] [Obte first transacted business in Florida, if prior to registration] [SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) [Principal office street address] [Principal office street address] [Current mailing address, if different] [Name and street address of Florida registered agent: (P.O. Box NOT acceptable) [Name: Brian Coggin] [Courted Address] [Principal office street address] [Principal office street] [Princi	ι.	CROWBAR IN						
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florid 2. IDAHO (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. I/5/2017 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 4602 COUNTY RD 673 1848, BUSHNELL, FLORIDA 33513 (Principal office street address) 118 RAINBOW DRIVE # 1848, LIVINGSTON, TEXAS 77399 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Brian Coggin 4602 COUNTY RD 673 1848				D," "	COMPANY," "CORPORATION,"			
2. IDAHO (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) (Date of duration) (Date of duration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. (Principal office street address) (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Brian Coggin 4602 COUNTY RD 673 1848		(If name unavail	DWBAR TT INC. able in Florida, enter alternate corporate nar	ne ado	pted for the purpose of transacting b	usiness in Florida)		
4. 1/5/2017 5. (Date of incorporation) (Date of duration, if other than perpetual) 6. 1/5/2021 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 4602 COUNTY RD 673 1848, BUSHNELL, FLORIDA 33513 (Principal office street address) 118 RAINBOW DRIVE # 1848. LIVINGSTON. TEXAS 77399 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Brian Coggin		•	•		• • • •			
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(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. (Principal office street address) [Real Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Brian Coggin Honor of the street address of Florida registered agent: (P.O. Box NOT acceptable)	4.	1/5/2017		5				
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(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Brian Coggin 1	/٠,		(Principal c	office	street address)			
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Brian Coggin 4602 COUNTY RD 673 1848		118 RAINBOW	DRIVE # 1848. LIVINGSTON, TEXAS 77	399				
Name: Brian Coggin			(Current ma	ling a	ddress, if different)			
Name:	8.	Name and stree	et address of Florida registered agent: (I	P.O. E	Box <u>NOT</u> acceptable)			
4602 COUNTY RD 673 1848		Name:	Brian Coggin					
Office Address.	Office Address:		4602 COUNTY RD 673 1848		-	:		
Bushnell , Florida 33513			Bushnell		Florida 33513			
(City) (Zip code)		(City)		(Zip code)				

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Brian Coggin Jesualda Coggin □ Chairman □ Chairman Name: 4602 COUNTY RD 673 1848 4602 COUNTY RD 673 1848 □ Vice Chairman Address: ☐ Vice Chairman Address: _ Bushnell Florida 33513 Bushnell Florida 33513 □ Director □ Director President □ President ☐ Vice President □ Vice President ☐ Secretary □Treasurer ■ Secretary □Treasurer □Other _____ □Other □Other____ ☐ Other _____ Chairman □ Chairman Name: □Vice Chairman Address: Address: ☐ Vice Chairman □ Director □Director □ President President ☐ Vice President ☐Vice President ☐ Secretary ☐ Treasurer ☐ Secretary □Treasurer □Other _____ Other _____ ☐Other _____ □Other _____ Chairman Name: _____ Name: ☐ Chairman □Vice Chairman Address: □Vice Chairman Address: ___ □ Director ☐ Director □President □President □Vice President ____ □Vice President ☐ Secretary □ Treasurer □ Secretary □Treasurer □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. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

, Brian Coggin, President



STATE OF IDAHO

Lawerence Denney | Secretary of State **Business Office** 450 North 4th Street PO Box 83720 Boise, ID 83720

January 26, 2021

Request Type: Certificate of Existence/Filing

Request #:

0004144269

Receipt #:

000437674

Regarding:

CROWBAR, INC.

Filing Type:

General Business Corporation (D)

Formation/Qualification Date: 01/05/2017

Status:

Active-Good Standing

Duration Term:

Perpetual

File #:

629928

Formation Locale: IDAHO

Copies Requested:

Issuance Date: 01/26/2021

Inactive Date:

Certificate of Existence

I, Lawerence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

CROWBAR, INC.

is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above.

Lawerence Denney

Idaho Secretary of State

Processed By: Business Division Verification #: 010894127

Phone: 208-334-2301 * Email: business@sos.idaho.gov * Website: sosbiz.idaho.gov



February 5, 2021

BRIAN COGGIN 4602 COUNTY RD 673 1848 BUSHNELL, FL 33513 US

SUBJECT: CROWBAR INC Ref. Number: W21000013586

We have received your document for CROWBAR INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 021A00002691

RECEIVED

MAR 25 2021