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Division of Corporations

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â	Division of Corporations Fax Number : (850)617-6383 : Account Name : LIPPES MATHIAS Account Number : I20190000014 Phone : (904)660-0020 Fax Number : (904)660-0029 or the email address for this busine annual report mailings. Enter only of	ss entity to be us one email address	LP PH 1: 45
RY OF STATE SSEE. FLORIDA	Foreign Limited Liabi Crane Investment C Certificate of Status Certified Copy Page Count Estimated Charge	lity Company	

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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COVER LETTER

SUBJECT:	Crane Investment Group, LLC					
SUBJECT	Nam	e of Limited Liability Company				
The enclosed Existence, ar	d "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida				
Please return	n all correspondence concerning this matter t	o the following:				
	Mark D. Canfield					
		Name of Person				
	Lippes Mathias LLP					
	Firm/Company					
	10151 Deerwood Park Blvd., Bldg. 300, Ste. 300					
	Address					
	Jacksonville, Florida 32256					
	C	ity/State and Zip Code				
	mcanfield@lippes.com					
	E-mail address: (to be	e used for future annual report notification)				
For further is	nformation concerning this matter, please ca	И:				
Ма	ark D. Canfield	904 660-0020 x1523				
	Name of Contact Person	at () Area Code Daytime Telephone Number				
Reg Div P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DEF \$125.00 Filing Fee \$\square\$\$ \$130.00 Filing Fe Certificate \$\square\$\$	e & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate				

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

Crane Investment Group, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.C.," or "LLC") Alabama Alabama Alabama 3.	Crane Investment Grou	p, LLC			
Alabama 3.	(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Com	pany," "F. L. C.," or "LLC")	
Alabama 3.					
Alabama 3.	f name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alterna	e name must include "Limited Liability Compan	y." "L.t. C," or "LLC ")
(Date first transacted business in Florida, if pine to regimenton) (See sections 603 9494 & 603 6905, F.S. to determine utrially liability) 4290 Glasscott Xing 6. (Multing Address) Hoover, Alabama 35226 Hoover, Alabama 35226 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 10151 Deerwood Park Blvd., Ste. 300, Bldg. 300 Office Address: Jacksonville (City) Registered agent's acceptance: laving been named as registered agent and to accept service of process for the above stated limited liability company at the pto comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar we comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar we				4140561	
(Date first transacted business in Florida. If prior to regimenton.) (See section 603 9994 & 603 0903, F.S. to determine strailty liability) 4290 Glasscott Xing 6. (Multing Address) Hoover, Alabama 35226 Hoover, Alabama 35226 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 10151 Decrwood Park Blvd., Ste. 300, Bldg. 300 Office Address: Jacksonville			3.	(FFI mumber of amplicable	0
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4290 Glasscott Xing 6. 4290 Glasscott Xing (Multing Address) Hoover, Alabama 35226 Hoover, Alabama 35226 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Mark D. Canfield	·	(Date first transacted business in Florida II prior to	registration)		
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Mark D. Canfield Name: 10151 Decrwood Park Blvd., Ste. 300, Bldg. 300 Office Address: Jacksonville	X1	e of Elected registered agent: (D.O. Roy	· NOT accen	tahle)	
Name: 10151 Deerwood Park Blvd., Ste. 300, Bldg. 300	. :Name and street audies	s of Florida registered agent. (1.0. box	. MOLL House	idore,	
Name: 10151 Deerwood Park Blvd., Ste. 300, Bldg. 300					
Office Address: Jacksonville 32256 Jacksonville (City) (City) Graph of the above stated limited liability company at the placesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar we have stated limited liability company at the place of the proper and complete performance of my duties, and I am familiar we have stated limited liability company at the place of the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar we have stated limited liability company at the place of the proper and complete performance of my duties, and I am familiar we have stated limited liability company at the place of the proper and complete performance of my duties, and I am familiar we have stated limited liability company at the place of the proper and complete performance of my duties, and I am familiar we have stated limited liability company at the place of the proper and complete performance of my duties, and I am familiar we have stated limited liability company at the place of the proper and complete performance of my duties.	Name	Mark D. Canfield			
Office Address: Jacksonville Jacksonville Jacksonville (City) (Ci	ranc.			_	
Jacksonville Jacksonville (City) (C	OFF - Add-see	10151 Deerwood Park Blvd., Ste. 300,	Bldg. 300		
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nd accept the obligations of my position as registered agent. Mush Carl Id	comply with the provisi	ons of all statutes relative to the proper	and comple	te performance of my duties, and	I am familiar with
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8	For initial indexing purposes,	list names, t	itle or capacity and	addresses of the pr	imary memb	ers/managers or pe	rsons authorized to
m	anage [up to six (6) total]:						

Title or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
□Manager	Name: Tony Halsey, Jr.	[]Manager	Name:	
■Member	Address: 4290 Glasscott Xing	□Member	Address:	
■Authorized	Hoover, Alabama 35226	□Authorized		
Person		Person		
Other	Other	□Other	~	Other
□Manager	Name: Georgia Halsey	□Manager	Name:	
■Member	Address: 7084 Demeter Drive	□Member	Address:	
Authorized	Atlanta, Georgia 30349	□Authorized		
Person		Person		
Other	□ Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
■Member	Address: 1610 Shamrock Trail	□Member	Address:	
■Authorized	Smyrna, Georgia 30080	Ci tustinadan		
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. Nonindexed 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.

Tony Halsey	
 viscos Signature of an authorized person	
Tony Halsey	
 Typed or printed name of statter	

Wes Allen Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Crane Investment Group, LLC was formed in Alabama on December 21, 2021. The Alabama Entity Identification number for this entity is 000-958-182. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

09/09/2025

Date

000.0

Wes Allen

Secretary of State