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| (Business Entity Name) | | | |
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| (Decument Number) | | | |
| (Document Number) | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



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T. Burch FEB 1.7. 2010

COVER LETTER

| TO: New Filing Section Division of Corporations | |
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| | |
| | ration - must include suffix |
| Dear Sir or Madam: | |
| | n for Authorization to Transact Business in Florida," Standing" and check are submitted to register the above in Florida. |
| Please return all correspondence concerning this m | natter to the following: |
| DAVI | D NELSON |
| Name | e of Person |
| CREW INNO | VATIONS, INC. |
| Firm | /Company |
| 12563 S. 79TH AVE | |
| | Address |
| PAPILLION, NE 68046 | |
| | e and Zip code |
| DAVID.NELSON@CREWINNOVATIONS.CO | M |
| | or future annual report notification) |
| For further information concerning this matter, ple | ease call: |
| | |
| WILLIAM W. KENEDY at 402 | -496-8800 |
| Name of Person | Area Code & Daytime Telephone Number |
| | |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| Enclosed is a check for the following amount: | |
| \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & X \$87.50 Filing Fee, Certified Copy Certificate 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.

| l. | (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") | | |
|------------|--|------------|---|
| | (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) | ŽO10 FEB | |
| 2 | NEBRASKA 3, 26-3087344 2 26-3087344 | - | |
| - . | (State or country under the law of which it is incorporated) (FEI number, if applicable) | | |
| 4 | 07/25/2008 5. PERPETUAL | <u>6</u> | |
| '' | (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") | 7 | ζ |
| ۲. | 01/01/2010 | 1 : | |
| U. | (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) | 38 | |
| 7. | 12563 S. 79TH AVE, PAPILLION, NE 68046 | | |
| | (Principal office address) | | |
| | 12563 S. 79TH AVE, PAPILLION, NE 68046 | | |
| | (Current mailing address) | | |
| 8. | INTERNET SERVICES (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) | | |
| | (Furpose(s) of corporation authorized in nome state of country to be carried out in state of Fronda) | | |
| 9. | Name and street address of Florida registered agent: (P.O. Box NOT acceptable) | | |
| | Name: NRAI SERVICES, INC. | | |
| 0 | ffice Address: 2731 EXECUTIVE PARK DRIVE, SUITE 4 | | |
| | WESTON, FL , Florida 33331 | | |
| | (City) (Zip code) | | |
| 1.0 | Davistansk scentic assentance | | |

10. 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.

Peter F. Souza Assistant Secretary

(Registered agent's signature)

11. 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 Chairman: DAVID NELSON Address: 12563 S. 79TH AVE, PAPILLION, NE 68046 Vice Chairman: Address: _____ Director: ___ Director: ____ Address: _____ **B. OFFICERS** President: DAVID NELSON Address: 12563 S. 79TH AVE, PAPILLION, NE 68046 Vice President: KIMBERLY NELSON Address: 12563 S. 79TH AVE, PAPILLION, NE 68046 Secretary: KIMBERLY NELSON Address: 12563 S. 79TH AVE, PAPILLION, NE 68046 Treasurer: DAVID NELSON Address: 12563 S. 79TH AVE, PAPILLION, NE 68046 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. DAVID NELSON, PRESIDENT

(Typed or printed name and capacity of person signing application)

12. Names and business addresses of officers and/or directors:

STATE OF

NEBRASKA

Department of State ŧ.

United States of America, State of Nebraska

Lincoln, Nebraska 💾

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

was duly/incorporated under the laws of this state on July 25, 2008 and do further certify that no occupation taxes assessed are unpaid and no biennial reports are delinquent; articles of dissolution have not corporation is in existence as of the date of this

In Testif

Lhave hereunto set my hand and affixed the Great Seal of the State of Nebraska on December 28, 2009.

SECRETARY OF STATE

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.