F15000002250

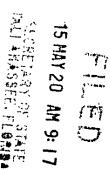
(Re	questor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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MAY 2 2 2015

S. GILBERT

COVER LETTER

TO: New Filing Section

Division of Corporations	
SUBJECT: CRRM, Inc	
•	ation - must include suffix
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida," I Standing" and check are submitted to register the usiness in Florida.
Please return all correspondence concerning this n	natter to the following:
Allan Zuckerman	
Nam	ne of Person
CRRM, Inc	
Firm	Company
PO Box 783787	
	Address
Winter Garden, FL 34778	
City/St	ate and Zip code
jzuckerman2@cfl.rr.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, ple	ease call:
Allan Zuckerman at (40	7 、614-3522
	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 & Certified Copy □ \$87.50 Filing Fee, Certified Copy Certified Copy

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.

(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ess in Florida)	
California		46-1432145		
	y under the law of which it is incorporated)	(FEI number, if applicable))	
10/26/2012		Perpetual		
•	of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual")	
6/1/15				
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
16041 Hi	ckory Marsh Lane, Win			
100+1111	(Principal office add		· · · · · · · · · · · · · · · · · · ·	
PO Box 7	83787, Winter Garden, F	· ·		
	(Current mailing add			
	· · · · · · · · · · · · · · · · · · ·			
Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
Name:	Judith Zuckerman		S MAY	
name:	4355 Old Sycamore Lo	oop	1 20 1 20 1 20 1 20 1 20 1 20 1 20 1 20	
				
	Winter Garden	, Florida 34787		
		, Florida 34787 (Zip code)	F. 9.	
ffice Address:	Winter Garden (City)	, Florida 34787 (Zip code)	9.	
fice Address: Registered age	Winter Garden	(Zip code)	9: 18	
fice Address: Registered age wing been nam signated in this	Winter Garden (City) ent's acceptance:	(Zip code) vice of process for the above stated corpo tment as registered agent and agree to ac	oration at the pla et in this capacity	
Office Address: . Registered age	Winter Garden (City) ent's acceptance:	(Zip code)	100	

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: ___ Address: Director: Scott Bernstein Address: 224 West 30th St, 6th Floor New York, NY 10001 Director: Address: ____ **B. OFFICERS** President: Allan Zuckerman Address: 4355 Old Sycamore Loop Winter Garden, FL 34787 Vice President: Scott Bernstein Address: 224 West 30th St, 6th Floor New York, NY 10001 Secretary: Sheldon Rockler Address: 16 North 4th St. Minneapolis, MN 55401 Treasurer: Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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. 13 Allan Zuckerman, President

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CRRM, INC.

FILE NUMBER:

C3516910

FORMATION DATE:

10/30/2012

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 12, 2015.

ALEX PADILLA Secretary of State