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SECRETARY OF STATE
DIVISION OF CORPORATIONS

FEB 08 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations
CRAFTY SYSTEMS, INC.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
HOWARD JAY WEXLER

Name of Person
CRAFTY SYSTEMS, INC.

Firm/Company
12419 CRYSTAL POINTE DRIVE UNIT 101

Address
BOYNTON BEACH, FL 33437

City/State and Zip code
HWEXLER@CRAFTYSYSTEMS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Howard Wexler 978 273-3600

Name of Person at () Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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, Certificate of Status & 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.*

CRAFTY SYSTEMS, INC.

1. _____
(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)
MASSACHUSETTS 26-2068647

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEL number, if applicable)

February 29, 2008

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
12419 CRYSTAL POINTE DR UNIT 101, BOYNTON BEACH, FL 33437

7. _____
(Principal office address)

(Current mailing address, if different)

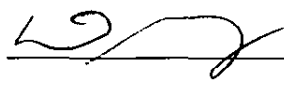
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(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.

 Machine Long for InCorp Services, Inc.
(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.

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DIVISION OF CORPORATIONS

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

A. DIRECTORS

HOWARD JAY WEXLER

Chairman: _____

12419 CRYSTAL POINTE DR UNIT 101

Address: _____

BOYNTON BEACH, FL 33437

Vice Chairman: _____

Address: _____

HOWARD JAY WEXLER

Director: _____

12419 CRYSTAL POINTE DR UNIT 101

Address: _____

BOYNTON BEACH, FL 33437

Director: _____

Address: _____

B. OFFICERS

HOWARD JAY WEXLER

President: _____

12419 CRYSTAL POINTE DR UNIT 101

Address: _____

BOYNTON BEACH, FL 33437

Vice President: _____

Address: _____

HOWARD JAY WEXLER

Secretary: _____

12419 CRYSTAL POINTE DR UNIT 101, BOYNTON BEACH, FL 33437

Address: _____

HOWARD JAY WEXLER

Treasurer: _____

12419 CRYSTAL POINTE DR UNIT 101, BOYNTON BEACH, FL 33437

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.

CSI by 

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.

HOWARD JAY WEXLER, PRESIDENT

13.

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

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SECRETARY OF STATE
DIVISION OF CORPORATION
17 FEB - 7 PM 2:16



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

January 9, 2017

TO WHOM IT MAY CONCERN:

I hereby certify that

CRAFTY SYSTEMS, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **February 29, 2008**.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth