

F21000002179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

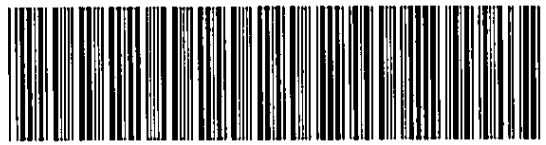
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Mr Stevon grave
Permission to Remove
Date in Penalty Date
US
W21000033984

Office Use Only



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02/22/21--01022--008 **70.00

FILED
2021 APR 22 PM 3:21

Handwritten signature/initials and date 4/22/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2021

STEVEN W. HUBBARD
174 WATERCOLOR WAY
SUITE 103, #174
SANTA ROSA BEACH, FL 32459

SUBJECT: CRAZY ITALIAN PIZZA, INC
Ref. Number: W21000033984

We have received your document for CRAZY ITALIAN PIZZA, 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):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$150.00.

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.

Yvette Scott
Document Specialist II

Letter Number: 121A00005355

RECEIVED
MAR 29 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crazy Italian Pizza, Inc
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:

Steven W. Hubbard

Name of Person	
Crazy Italian Pizza, Inc	
Firm/Company	
174 Watercolor Way, Suite 103, # 174	
Address	
Santa Rosa Beach, Florida, 32459	
City/State and Zip code	
steve@crazyitalianpizza.com	
E-mail address: (to be used for future annual report notification)	

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STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Steven W. Hubbard at (615) 491-3444
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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.

1. Crazy Italian Pizza, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

N/A
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

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

4. 11/08/2016 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 174 Watercolor Way, Suite 103, #174, Santa Rosa Beach, Florida 32459
(Principal office street address)

N/A
(Current mailing address, if different)

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

Name: Steven W. Hubbard

Office Address: 174 Watercolor Way, Suite 103, #174

Santa Rosa Beach, Florida 32459
(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.

[Handwritten signature]
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2021 APR 22 PM 3:21
STATE OF FLORIDA

A. DIRECTORS

Chairman Name: Steven W. Hubbard
 Vice Chairman Address: 6562 W Co Hwy 30A
 Director Santa Rosa Beach, FL. 32459
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Judith E. Hubbard
 Vice Chairman Address: 6562 W Co Hwy 30A
 Director Santa Rosa Beach, FL. 32459
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

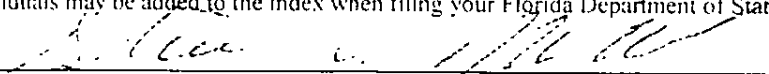
Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

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 STATE DEPARTMENT OF REVENUE

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 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.

12. 
 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.

13. Steven W. Hubbard, President
 (Typed or printed name and capacity of person signing application)



**Division of Business Services
Department of State**

State of Tennessee
312 Rosa L. Parks AVE. 6th FL
Nashville, TN 37243-1102

Tre Hargett
Secretary of State

STEVEN W. HUBBARD
CRAZY ITALIAN PIZZA, INC
SUITE 103, #174
174 WATERCOLOR WAY
SANTA ROSA BEACH, FL 32459

February 17, 2021

Request Type: Certificate of Existence/Authorization
Request #: 0403511

Issuance Date: 02/17/2021
Copies Requested: 1

Document Receipt

Receipt #: 006078495 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3799353621 \$20.00

Regarding: Crazy Italian Pizza, Inc.
Filing Type: For-profit Corporation - Domestic Control #: 874234
Formation/Qualification Date: 11/08/2016 Date Formed: 11/08/2016
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Crazy Italian Pizza, Inc.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 044551121