

M13000000839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

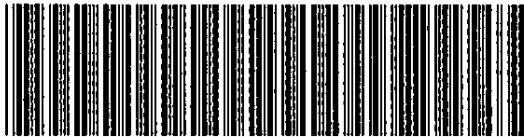
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800244208638

02/07/13--01018--007 \*\*160.00

2013 FEB -7 AM 9:10

FLORIDA  
STATE  
INVESTIGATOR

J. SAULSBERRY  
EXAMINER  
FEB 8 2013

**LIVAUDAIS AND LIVAUDAIS**

ATTORNEYS AT LAW  
215 ST. ANN DRIVE - SUITE 2  
MANDEVILLE, LOUISIANA 70471-3394

F. Pierre Livaudais, P.C. \*  
Marian M. Livaudais

\* a Professional Corporation

Email: [plivaudais@bellsouth.net](mailto:plivaudais@bellsouth.net)

February 6, 2013

2013 FEB - 11 AM  
FILED  
Telephone (985) 626-1144  
Fax: (985) 626-1184

PLEASE RESPOND TO:  
P. O. Box 367  
Covington, LA 70434-0367

Florida Secretary of State  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**VIA FEDERAL EXPRESS**

RE: Crosby Dunes, L.L.C.

Gentlemen:

In connection with the above referenced limited liability company, I am enclosing herewith the following documents:

1. Cover Letter;
2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
3. Certificate of Existence issued by the Louisiana Secretary of State; and
4. Certificate of Designation of Registered Agent/Registered Office;

I have attached our check in the amount of \$160.00 to cover the filing fees together with the issuance of a Certificate of Status and certified copies of these documents suitable for recording in Walton County, Florida. Should there be any additional fees due, please advise and I will remit by return mail.

I am also enclosing a return Federal Express envelope for your use in returning the requested documents.

Should you require any additional documentation, please do not hesitate to contact me.

Yours very truly,



**F. Pierre Livaudais**

FPL:gbk  
Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Crosby Dunes, L.L.C.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

F. Pierre Livaudais

Name of Person

Livaudais and Livaudais

Firm/Company

215 St. Ann Drive - Suite 2

Address

Mandeville, Louisiana 70471

City/State and Zip Code

bbergin@crosbyresource.com

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

RECEIVED  
TALLAHASSEE, FLORIDA  
2013 FEB -7 AM 9:10

FILED

For further information concerning this matter, please call:

F. Pierre Livaudais at 985 626-1144

Name of Person

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. CROSBY DUNES, L.L.C.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. LOUISIANA 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. December 18, 2012 5. 35 years  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. February 6, 2013  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 519 Grace Avenue  
Panama City, Florida 32401  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Virginia Elizabeth Crosby Bergin  
10104 Suzanne Drive  
River Ridge, Louisiana 70123

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

real estate management

Virginia Elizabeth Crosby Bergin  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

VIRGINIA ELIZABETH CROSBY BERGIN

Typed or printed name of signee

FILED  
2013 FEB -7 AM 9:10  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

CROSBY DUNES, L.L.C.

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

TIMOTHY M. WARNER, ESQ.

(Name)

519 Grace Avenue

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Panama City FL 32401

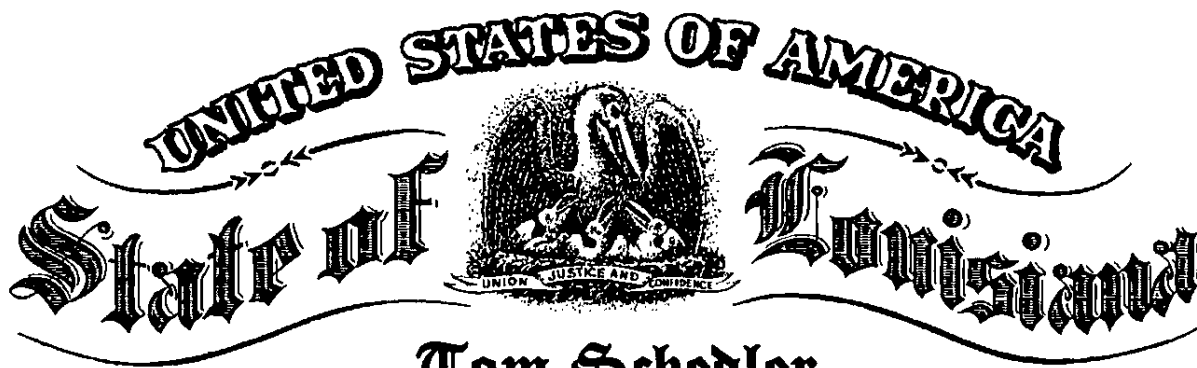
City/State/Zip

2013 FEB 7 AM 9:10  
FILED  
TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)



**Tom Schedler**

**SECRETARY OF STATE**

*As Secretary of State of the State of Louisiana I do hereby Certify that*

**CROSBY DUNES, L.L.C.**

A limited liability company domiciled in RIVER RIDGE, LOUISIANA,

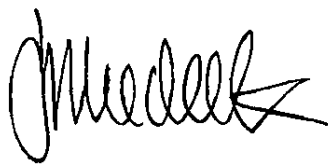
Filed charter and qualified to do business in this State on December 18, 2012,

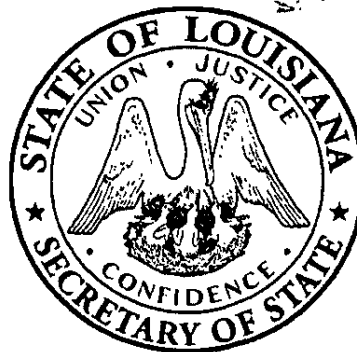
I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

December 19, 2012

  
*Secretary of State*



Certificate ID: 10334958#83P83

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)

JL 41025988K