# M5000557

(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:					
Eile de la company de la compa					

Office Use Only



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2015 SEP 22 AM 10: 56
TALLAHASSEE, FLORIDA

SEP 23 2015 R. WHITE

\* Please file second. Do not Separate - Thanks! \*

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 791822 49644A

AUTHORIZATION : Spulle man

COST LIMIT : \$160.00

ORDER DATE : September 21, 2015

ORDER TIME : 10:10 AM

ORDER NO. : 791822-010

CUSTOMER NO: 49644A

\_\_\_\_\_\_

#### FOREIGN FILINGS

NAME: CRYSTAL CRUISES, LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

### **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Crystal Cruises, LLC					
Name of Limited Liability Company	<del></del>				
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida Existence, and check are submitted to register the above referenced foreign limited liability company to transact bus					
Please return all correspondence concerning this matter to the following:					
Lyall J. Duncan, Esq.					
Name of Person	-				
Crystal Cruises, LLC					
Firm/Company	_				
c/o 1501 Biscayne Boulevard					
Address	-				
Miami, FL 33132					
City/State and Zip Code	-				
lduncan@crystalcruises.com					
E-mail address: (to be used for future annual report notification)	<del></del>				
For further information concerning this matter, please call:					
Lyall Duncan 310 948-0569					
Name of Contact Person Area Code Daytime Telephone Number					
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					
Enclosed is a check for the following amount:  \$\Bigsiz\$ \$\\$125.00\$ Filing Fee \$\Bigsiz\$ \$\Bigsiz\$ \$\\$130.00\$ Filing Fee \$\Bigsiz\$ \$\Bigsiz\$ \$\Bigsiz\$ Certified Copy \$\Bigsiz\$ of Status & Certified					

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITEDLIABILITYCOMPANYTOTRANSACTBUSINESS INTHE STATEOFFLORIDA:

Liability Company," "L.L.C." or "L		nate name must	include'	"Limite
California (Jurisdiction under the law of whi	3. <u>95-4156825</u>			
company is organized)	ich foreign limited liability (FEI number, if	аррисавіе)		
1.				
(	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	<u>~</u> <del>}_</del> :·	टं	
1501 Biscayne E	Blvd. Suite 500		(25) (31) (10)	
	Miami, FL, US, 33132		63	
iviiami, r.L., OS, .	(Street Address of Principal Office)		- 455	
	(Master Hadisas W. 1 Market Office)	(	ä	!
		, may		
		<del></del>		
			12	
	(Mailing Address)			
		to manage i	72	
7. The name, title or capac	(Mailing Address)  city and address of the person(s) who has/have authority	to manage i	72	
7. The name, title or capac Edie Rodriguez, C	(Mailing Address)  city and address of the person(s) who has/have authority  Chief Executive Officer & President	to manage i	72	
7. The name, title or capac Edie Rodriguez, C	(Mailing Address)  city and address of the person(s) who has/have authority	to manage i	72	
7. The name, title or capac Edie Rodriguez, C 11755 Wilshire Bo	(Mailing Address)  city and address of the person(s) who has/have authority  Chief Executive Officer & President  oulevard, Suite 900	to manage i	72	
7. The name, title or capac Edie Rodriguez, C 11755 Wilshire Bo	(Mailing Address)  city and address of the person(s) who has/have authority  Chief Executive Officer & President  oulevard, Suite 900	to manage i	72	
7. The name, title or capac Edie Rodriguez, C 11755 Wilshire Bo os Angeles, CA	(Mailing Address)  city and address of the person(s) who has/have authority  Chief Executive Officer & President  oulevard, Suite 900  90025		s/are:	offic
7. The name, title or capace Edie Rodriguez, C 11755 Wilshire Bo Los Angeles, CA  . Attached is an original coaving custody of records is	(Mailing Address)  city and address of the person(s) who has/have authority  Chief Executive Officer & President  oulevard, Suite 900  90025  ertificate of existence, no more than 90 days old, duly autin the jurisdiction under the law of which it is organized.	thenticated (A photoco	s/are:	ot
7. The name, title or capace. Edie Rodriguez, Control 11755 Wilshire Books and the control of the certificate control of the cert	(Mailing Address)  city and address of the person(s) who has/have authority  Chief Executive Officer & President  oulevard, Suite 900  90025  ertificate of existence, no more than 90 days old, duly au	thenticated (A photoco	s/are:	ot
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7. The name, title or capace. Edie Rodriguez, Control 11755 Wilshire Book Los Angeles, CAngeles,	(Mailing Address)  city and address of the person(s) who has/have authority  Chief Executive Officer & President  oulevard, Suite 900  90025  ertificate of existence, no more than 90 days old, duly au in the jurisdiction under the law of which it is organized, e is in a foreign language, a translation of the certificate u	thenticated (A photoco	s/are:	ot
7. The name, title or capace. Edie Rodriguez, Control 11755 Wilshire Book and the control of the capace.  Attached is an original control of the certificate capacity be submitted.	(Mailing Address)  city and address of the person(s) who has/have authority  Chief Executive Officer & President  oulevard, Suite 900  90025  ertificate of existence, no more than 90 days old, duly au in the jurisdiction under the law of which it is organized, e is in a foreign language, a translation of the certificate u	thenticated (A photoco	s/are:	ot
7. The name, title or capace. Edie Rodriguez, Control 11755 Wilshire Book Los Angeles, CAngeles,	(Mailing Address)  city and address of the person(s) who has/have authority  Chief Executive Officer & President  oulevard, Suite 900  90025  ertificate of existence, no more than 90 days old, duly autin the jurisdiction under the law of which it is organized.	thenticated (A photoco	s/are:	ot

Edie Rodriguez

Typed or printed name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is:  Crystal Cruises, LLC						
If unavailab	ele, the alternate to be used	in the state of Florida is:				
2. The nam	e and the Florida street ac	ddress of the registered agent and	I office are:			
	Corporation Service C	ompany				
		(Name)				
	1201 Hays Street					
	Florida St	reet Address (P.O. Box NOT ACCEPTAR	BLE)			
	Tallahassee	32301 FL				
		City/State/Zip				
liability com registered az statutes rela	npany at the place designat gent and agree to act in th ting to the proper and com	nt and to accept service of process ted in this certificate, I hereby acc is capacity. I further agree to con aplete performance of my duties, a sregistered agent as provided for	cept the appointment as apply with the provisions of all and I am familiar with and			
	Corporation Service Cor	mpany M. Zanta	Melissa Zender			
		(Signature)	Asst. Vice President			
	\$ 1	00.00 Filing Fee for Applicat	ion			

\$ 25.00

\$ 30.00

\$ 5.00

**Designation of Registered Agent** 

**Certificate of Status (optional)** 

**Certified Copy (optional)** 

## State of California

## Secretary of State

#### **CERTIFICATE OF STATUS**

ENTITY NAME: CRYSTAL CRUISES, LLC

FILE NUMBER:

201511310177

**FORMATION DATE:** 

04/23/2015

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

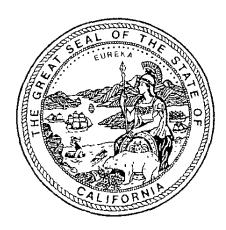
STATUS:

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 September 14, 2015.

ALEX PADILLA Secretary of State