## M1500000 9479

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operation of thing officer.

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WV 25 2015 J. HARRIS CORPORATION SERVICE COMPANY 1201 Hays Street

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	1200000001	95
	REFERENCE	:		7477555
	AUTHORIZATION	:	Synell &	ena
	COST LIMIT	:	\$ 125.00	
ORDER DATE :	November 23, 201	5		
ORDER TIME :	2:14 PM			
ORDER NO. :	883528-005			
CUSTOMER NO:	7477555			
			<del>.</del>	
	FOREIGN F	ILI	NGS	
NAME:	CREWS COMMERC	E V	ENTURE, LLC	!

<u>xx</u>		D COPY AMPED COPY ATE OF GOOD STANDING	
CONTACT	PERSON:	Melissa Zender EXT# 62956	

## COVER LETTER

CHDIECT.	Crews Commerce V	enture, LLC				
Name of Limited Liability Company						
The enclosed Existence, ar	d "Application by For ad check are submitte	eign Limited Liability Comp d to register the above refer	pany for Authoriza enced foreign limi	ation to Tra ted liability	insact Business in Florida," Certi v company to transact business in	ficate o Florida
Please return	all correspondence of	oncerning this matter to the	following:			
	. Mary Eggers M	IcCarroll				
		N	ame of Person			
	Principal Life I	nsurance Company				
	Firm/Company					
	711 High Stree	t				
			Address			
	Des Moines, Io	wa 50392				
		City/S	tate and Zip Code			
	eggers-mccarroll	.mary@principal.com				
	<del></del>	E-mail address: (to be use	d for future annual	report not	ification)	
For further in	nformation concernin	g this matter, please call:				
Ma	ry Eggers McCarroll		515 at (	362-122		
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	ision of Corporations distration Section Box 6327 lahassee, FL 32314			Division of Registratic Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certification of Status & Certified Copy	ate

## 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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Crews Commerce Venture, LLC

(Name of Foreign Limited Liability Company: must include "Limited Liability Company." "L.L.C.." or "LLC.")

(Name of Fore	eign Limited Liability Company; must include "Limited Liability Company,"	"L.L.C" or "LLC.")
(If name unavailable, enter al Liability Company," "L.L.C."	ternate name adopted for the purpose of transacting business in Florida. The "or "LLC.")	alternate name must include "Limited
2 Delaware	<sub>3</sub> 47-5327375	
<del></del>	of which foreign limited hability (FEI number,	if applicable)
4. upon registration		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability	
5. 711 High Street	(See Sections 053.57 of Cost.0755, 1.5, to determine penalty natinity	
Des Moines, Iowa 5039	92	
	(Street Address of Principal Office)	
6 711 High Street		
		16 N
Des Moines, Iowa 5039		
	(Mailing Address)	
7. Name and street address	s of Florida registered agent: (P.O. Box NOT acceptable)	52 <b>5</b>
Name:	Corporation Service Company	<b>製造 2</b>
Office Address:	1201 Hays Street	<i>&gt;-</i>
	Tallahassee , Florida 3230	1
Registered agent's accep		Cip code)
Having been named as redesignated in this applicate to complywith the provision	gistered agent and to accept service of process for the above stated betton. I hereby accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete performance any position as registered agent.  Corporation Service Company  By:	to act in this capacity. I further agree
	(Registered agents signature)	Asst. Vice President
8. The name, title or capa	acity and address of the person(s) who has/have authority to manage is	/are:
USPA Crews Commerce	Member, LLC, a Delaware limited liability company, its Member	
711 High Stre	et, Des Moines, Iour 50392	
jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly authenticated by the offi of which it is organized. (If the certificate is in a foreign language, a trubmitted)  Addition of an authorized person  I in accordance with section 605.0203 (1) (b), Florida Statutes. I am as the Department of State constitutes a third degree felony as provided  ATRICIA A CALLOR	ranslation of the certificate under oath

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CREWS COMMERCE VENTURE, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CREWS COMMERCE VENTURE, LLC" WAS FORMED ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

at corn delaware gov/aut

Authentication: 10477399

Date: 11-23-15

5849351 8300 SR# 20151044478