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J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE CR SPIRITS GROUP, LLC

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:

RICHARD S ROBERTS

Name of Person

THE CR SPIRITS GROUP, LLC

Firm/Company

5947 BAY DRIVE SOUTH

Address

GULFPORT FLORIDA 33707

City/State and Zip Code

rich-roberts@msn.com

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

For further information concerning this matter, please call:

RICHARD S ROBERTS

571 216-6778
at ()

Name of Contact 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 JAN 19 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 5, 2016

RICHARD S ROBERTS
5947 BAY DRIVE SOUTH
GULFPORT, FL 33707

SUBJECT: THE CR SPIRITS GROUP LLC
Ref. Number: W16000000524

We have received your document for THE CR SPIRITS GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 416A00000232

ATTACHED IS CORRECTED FORM.
THANK YOU,
R. Roberts

2016 JAN 19 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. THE CR SPIRITS GROUP, LLC
(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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

4. NONE
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5947 BAY DRIVE SOUTH
GULFPORT FLORIDA 33707
(Street Address of Principal Office)

6. 5947 BAY DRIVE SOUTH
GULFPORT FLORIDA 33707
(Mailing Address)

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

Name: RICHARD S ROBERTS
Office Address: 5947 BAY DRIVE SOUTH
GULFPORT, Florida 33707
(City) (Zip code)

Registered agent's acceptance:

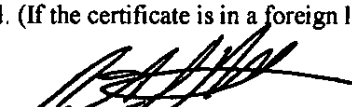
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

RICHARD S ROBERTS MANAGER, AUTHORIZED MEMBER
5947 BAY DRIVE SOUTH
GULFPORT FLORIDA 33707

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

RICHARD S ROBERTS

Typed or printed name of signee

FILED
2016 JAN 19 AM 10:33
TALLAHASSEE FLORIDA

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That THE CR SPIRITS GROUP LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is September 26, 2013; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

*Signed and Sealed at Richmond on this Date:
December 23, 2015*



Joel H. Peck
Joel H. Peck, Clerk of the Commission