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SECULIANY OF STATE

MAROS 2016 J. HARRIS

## **COVER LETTER**

TO:	Registration Section Division of Corporation					
SUBJE	CRD ONE, LLC					
SCDUL		Name of	Limited Liability Co	mpany	**************************************	
					unsact Business in Florida," Certific y company to transact business in F	
Please r	eturn all correspondence	concerning this matter to the	following:			
	Evelyne Rebo	oul				
		N	ame of Person			
	1	F	irm/Company			
	7124 S.W. 47	th Street				
	<del></del>		Address			
	Miami, FL 3	3155				
		City/S	tate and Zip Code		<del>.</del>	
	jcreboul@earth	link net				
		E-mail address: (to be use	d for future annual re	port not	ification)	
For furt	her information concerni	ing this matter, please call:				
	Evelyne Reboul		305 at ()		858-6505	
	Name	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS Division of Corporation		Ī	Division -	ADDRESS: of Corporations	
Registration Section P.O. Box 6327		Registration Section Clifton Building				
	Tallahassee, FL 32314				ecutive Center Circle ee, FL 32301	
Enclose	d is a check for the follo	wing amount:				
	☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Copy	e



FLORIDA DEPARTMENT OF STATE (4)

January 27, 2016

EVELYNE REBOUL 7124 SW 47TH STREET MIAMI, FL 33155

SUBJECT: CRD ONE, LLC Ref. Number: W16000005846 SECRETARY OF STATE

We have received your document for CRD ONE, LLC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$72.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$638.75.

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: 816A00001831

Please see attached -

## 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: CRD ONE, 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.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 05-07-2014 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7124 S.W. 47th Street Miami, FL 33155 (Street Address of Principal Office) 7124 S.W. 47th Street Miami, FL 33155 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Evelyne Reboul Name: 7124 S.W. 47th Street Office Address: Miami 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 complywith 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: Colette Occelli, Managing Member 7124 S.W. 47th Street Miami, FL 33155 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)

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.

Signature of an authorized person

Colette Occelli

Typed or printed name of siguee

**Delaware** 

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "CRD ONE, 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 ELEVENTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRD ONE, LLC" WAS FORMED ON THE SEVENTH DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

A STATE OF THE STA

Authentication: 201651025

Date: 01-11-16

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