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SECRETARY OF STATE
TAIL AHASSEE, FLORID

J. HARRIS

#### COVER LETTER

	ration Section on of Corporation	s			. • • • • • • • • • • • • • • • • • • •	
SUBJECT:	Crab	bshell Inves	TMCN75, Limited Liability C	Company		
The enclosed "A Existence, and o	Application by Fore	eign Limited Liability Comp I to register the above refere	any for Authorizatenced foreign limit	tion to Tra ed liability	nsact Business in Florida," ( company to transact busine	Certificate of ss in Florida
Please return al	l correspondence c	oncerning this matter to the	following:			
		Douglas L.	LRABB ame of Person			
			rm/Company			
		Chapin, Sc	KKlook D Address	R.		
		ChapiN, Sc	29036			
		City/Si  CRabb © 5  E-mail address: (to be used			fication)	
For further info	rmation concerning	g this matter, please call:		•	,	
<del></del>	Doug/12	SCAABB f Contact Person	at ( <b>80 3</b> Area Code	) 4/3 Day	time Telephone Number	
Divisi Regist P.O. E	ING ADDRESS: on of Corporations tration Section Box 6327 hassee, FL 32314			Division of Registrati Clifton Bit 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	neck for the follow 25.00 Filing Fee	ing amount:  \$\textstyle \textstyle	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 20, 2016

DOUGLAS L CRABB 128 POINTE OVERLOOK DR CHAPIN, SC 29036

SUBJECT: CRABBSHELL INVESTMENTS, LLC

Ref. Number: W16000029147

2816 HAY -2 AM 8: 28

We have received your document for CRABBSHELL INVESTMENTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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: 116A00008138



#### 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 F COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:	OREIGN I	UMITEL	) LIABILITY
1. Crabbshell Investments LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "	LLC.")	<del></del> -	_
Crabbshell Holdings, LLC			
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L.L.C," or "LLC.")	: must incl	ude "Lii	mited
2. 5.C.  (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)			-
company is organized)			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
5. 128 POINTE OVERLOOK DR.			
Chapin, S.C. 29036			
Chapin, S.C. 29036 (Street Address of Principal Office)  6. 128 Pointe Overlook Dr.			
Chapin, SC 29036 (Mailing Address)	SECH	ਰ ==	11450344
(Mailing Address)		<	Constant A S
7. Name and <u>street address</u> of Florida registered agent? (P.O. Box <u>NOT</u> acceptable)		$\sim$	¢,⊒###
Name: Janet M. Smith	m(E)		
Office Address: 2114 Ox Bottom Rd.	288 1288 1288 1288	=======================================	
Tallah 45see, B, Florida 32312	5E	~	
(City) (Zip code)  Registered agent's acceptance:			
Having been named as registered agent and to accept service of process for the above stated limited liabili designated in this application, I hereby accept the appointment as registered agent and agree to act in this to complywith the provisions of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent.	capacity.	. I furt	her agree
(Registered agent's signature)			
8. The name; title or capacity and address of the person(s) who has/have authority to manage is/are:			
128 POINTE OVERLOOK DR.			
Chapin, 5c 29036			
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having of jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation 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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.1	false infoi   55, F.S.	mation	ı
Typed or printed name of signce			

# The State of South Carolina



### Office of Secretary of State Mark Hammond

#### Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina, Hereby Certify that:

CRABBSHELL INVESTMENTS, LLC, a limited liability company duly organized under the laws of the State of South Carolina on March 18th, 2016, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C.Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 28th day of March, 2016.

Mark Hammond, Secretary of State