

W16000004220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

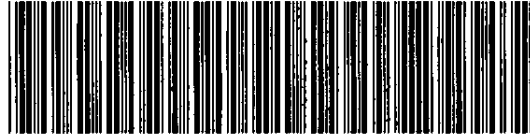
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W160000033751

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2016 MAY 26 P 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 27 2016
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2016

SHARON GREEN
135 MEMPHIS WAY
SPINDALE, NC 28160

SUBJECT: CRAFTERS THERAPY CRUISE & RETREATS LLC
Ref. Number: W16000033751

We have received your document for CRAFTERS THERAPY CRUISE & RETREATS 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 failed to make the correction(s) requested in our previous letter.

Please list the complete principal office address.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 816A00009656

2016 MAY 26 P 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2016

SHARON GREEN
135 MEMPHIS WAY
SPINDALE, NC 28160

SUBJECT: CRAFTERS THERAPY CRUISE & RETREATS LLC
Ref. Number: W16000033751

RECEIVED
TALLAHASSEE, FLORIDA

23 MAY 18 PM 1:25

We have received your document for CRAFTERS THERAPY CRUISE & RETREATS 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):

Please list the complete principal office address.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 816A00009656

2016 MAY 23 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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5/16/16

I have added the titles
and enclosed form.

Dionne M. Scott

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Crafters Therapy Cruise and Retreats 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:

Sharon Green

Name of Person

Firm/Company

135 Memphis Way

Address

Spindale, NC 28160

City/State and Zip Code

misha51@verizon.net

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

2016 MAY 26 P 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Donna Fortuna

941

284-1272

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

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

IN COMPLIANCE WITH SECTION 605.0203, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Crafton Therapy Center, Retreat, LLC
(Name of foreign limited liability company, such as "Limited Liability Company," "LLC," or "LLP")

(If none, cannot be, other address must be adopted for the purpose of conducting business in Florida. The address must include "Limited
Liability Company," "LLC," or "LLP")

2. North Carolina, USA 3. 81-2126073
(State of incorporation of foreign limited liability company is required) (EIN number, if applicable)

4. _____
(Date of incorporation in foreign country, if prior to registration)
(See Section 605.0203(1)(b), F.S. to determine penalty liability)

5. 135 Memphis Way Spindale NC 28160
(Principal office or principal office)

6. 135 Memphis Way Spindale NC 28160
(Mailing Address)

7. Name and proper title of Florida registered agent: (P.O. Box NOT acceptable)
Name: Donna Fortuna
Office Address: 3320 Crookside Trail
Sanford FL Florida 34243
(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 relating to the proper and complete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent.

Donna Fortuna
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage here:
Sharon Green - 135 Memphis Way, Spindale NC 28160 President
Donna Fortuna - 3320 Crookside Trail, Sanford, FL 34243 Vice President

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)

Donna Fortuna
Secretary or 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. 812.135, F.S.

Donna L. Fortuna
Typed or printed name of agent

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2016 MAY 26 P 12:11
CLERK OF STATE
TALLAHASSEE, FLORIDA



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

CRAFTERS THERAPY CRUISE & RETREATS LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 4th day of April, 2016, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 4th day of May, 2016.

Elaine F. Marshall

Secretary of State



Scan to verify online.