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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2016

STUART DOLOBOFF 73 KIRKWOOD ST LONG BEACH, NY 11561

SUBJECT: SELECT CRANE SALES, LLC

Ref. Number: W16000052669

We have received your document for SELECT CRANE SALES, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 416A00015907

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: SEVELT CRANE SAVES
SUBJECT: SEVELT CRANE SAVES 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:
STUART DOLOROFF
SIVART DOLOBOFF Name of Person
Firm/Company
73 KIRKWOOD ST.
73 KIRKWOOD ST. Address
LONG BEACH NY 11561 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STIME DOLLARS CIL CTI-6-TTY
STUART DOLOBOFF at (S16) ST1-6-554 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations STREET ADDRESS: Division of Corporations
Registration Section Registration Section P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{2} \frac{1}{2

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 FUORIDA

COMMITTED THE BUTTED BY THE BITTLE OF F DONAIDA.
1. SEIECT CLANE SAVES LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Emines Elability Company, most include Emines Elability Company, E.E.C., of EEC.)
(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. DEVAWAVE (Jurisdiction under the law of which foreign limited liability company is organized) 3. 8/-3/8/53 \(\) (FEI number, if applicable)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
(See sections 603.0904 & 603.0905, F.S. to determine penalty hability) 5. 6102 SE LANDING WAY UNIT II
STUALT FL 34997 (Street Address of Principal Office)
6. 6/02 SE LANDING WAY WIT II
STUART FL 34997 (Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
TASON MALKENZIE
Office Address: 6102 SE LANDING WAY UNIT 11
STVART , Florida 34997
(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 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:
JASON MACKENZIE CION SE LANDING WAY UNIT 11 STUART FL 3499
1/2
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 pason**
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 follow as provided for in \$ 817.155. F.S.

JASON Macken 21 =



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SELECT CRANE SALES, 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-FIRST DAY OF JULY, A.D. 2016.

6078741 8300

SR# 20165011761
You may verify this certificate online at corp.delaware.gov/authver.shtml

Junity W. Business, Secretary or State

Authentication: 202698322

Date: 07-21-16