# M17000002906

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
WM-18272				

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M. MILLIGAN APR - 5 2017



# FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2017

CHRISTOPHER PIKE 904 1ST STREET, STE C COLORADO SPRINGS, CO 80907

SUBJECT: LOUDLIFECREW ENTERTAINMENT, LLC

Ref. Number: W17000018272

We have received your document for LOUDLIFECREW ENTERTAINMENT, LEC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Michelle Milligan Senior Section Administrator

Letter Number: 317A00004107

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

# **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: LOUDLIFECREW ENTERT.	AINMENT, LLC
	Name of Limited Liability Company
	ited Liability Company for Authorization to Transact Business in Florida," Certificate of ter the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning	g this matter to the following:
Christopher Pike	
	Name of Person
LOUDLIFECREWEN	TERTAINMENT, LLC
	Firm/Company
904 1st Street STE	
	Address
Colorado Springs, Colo	rado 80907
	City/State and Zip Code
ekipbizsolutions@gmail.c	com
E-mail	address: (to be used for future annual report notification)
For further information concerning this ma	tter, please call:
Christopher Pike	at ( 719 ) 367-0761
Name of Contac	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
	nt: .00 Filing Fee & \$\sum \$155.00 Filing Fee & \$\sum \$160.00 Filing Fee, Certificate cate of Status & Certified Copy  of Status & Certified Copy

# APPEICATION 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:

LOUDLIFECREWENTE			
	ign Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," o	r "LLC.")
(If name unavailable, enter all Liability Company," "L.L.C."	ternate name adopted for the purpose of transacting bu	siness in Florida. The alternate na	me must include "Limited
2. Colorado Springs Colorado			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	<del>;)</del>
1			72 X
·	(Date first transacted business in Florida, if pr (See sections 605.0904 & 605.0905, F.S. to deter	or to registration.)	PAC 2
5. 904 1st Street STE C	(See Sections 603.5767 & 603.6783. 1. S. Ib dete	mine penany naomy,	>5- 1
			- SST 3
Colorado Springs, Co	0 80907 (Street Address of Principal Office)		
6 904 1st Street STE C	(street Address of Frincipal Office)		2: 38 2: 38
6. <u>304 13t 0tt Ct 012 0</u>			- <b>9</b> m <b>6</b>
Colorado Springs, Co 8			_
	(Mailing Address)		
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT ac	ceptable)	
Name:	Registered Agents Inc.		
Office Address:	3030 N. Rocky Point Dr. STE 150A		
	Tampa	, Florida <u>3360</u> 7	
	(City)	(Zip code)	_
Registered agent's accept	tance: gistered agent and to accept service of process fo	on the above stated limited lieb	hility agreements at the place
	gistered agent and to accept service of process fo tion, I hereby accept the appointment as register		
	ons of all statutes relative to the proper and comp ny position as registered agent.	plete performance of my dutie	es, and I am familiar with an
uccept the obligations of the	R- 1		
	(Registered agent's signal	ure)	<del>-</del>
0.00			
•	icity and address of the person(s) who has/have at	ithority to manage is/are:	
Christopher Pike, Ope			
904 1st Street STE C			
Colorado Springs, C	o 80907		
	of existence, no more than 90 days old, duly author which it is organized. (If the certificate is in a fubmitted)		
	Signature of an authorized p	erson	_

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.

Christopher Pike

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

# CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

LOUDLIFECREW ENTERTAINMENT, LLC

is a

### Limited Liability Company

formed or registered on 01/30/2017 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20171084889.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/30/2017 that have been posted, and by documents delivered to this office electronically through 01/31/2017 @ 13:54:44 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/31/2017 @ 13:54:44 in accordance with applicable law. This certificate is assigned Confirmation Number 10051533



Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*End of Certificate\* Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/bit/Certificate/sear.ht/riteria/do/entering/the/certificate/s confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://

www.sov.state.co.us\_click "Businesses, trademarks, trade names" and select "Frequently Asked Questions,"