

MT000003092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

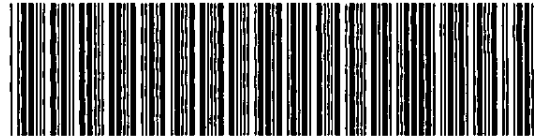
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

D. SCOTT  
APR 11 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2017

ABBEY LEVINE  
2970 MARIA AVE STE 107  
NORTHBROOK, IL 60062

SUBJECT: CRABBY ABBEY L.L.C.  
Ref. Number: W17000024537

2017 APR -4 PM 2:12  
TALLAHASSEE, FLORIDA

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

Registered Agent name is illegible. Please revise.

- Done 3/30/2017  
SHARON KABOFF

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: 217A00005473

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

3/30/2017  
David Levine  
847-564-1133

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CRABBY ABBEY L.L.C.  
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:

Abbey Levine  
Name of Person

Crabby Abbey L.L.C.  
Firm/Company

2970 MARIA AVE STE 107  
Address

Northbrook FL 60062  
City/State and Zip Code

abbey@crabbyabbey.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Levine at 847 564-1133  
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

FILED  
17 APR - 4 PM 1:44  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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:

1. CRABBY ABBEY L.L.C.  
(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.")

2. Illinois  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-3215171  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2970 MARIA AVE STE 107  
NORTHBROOK IL 60062  
(Street Address of Principal Office)

6. 2970 MARIA AVE STE 107  
NORTHBROOK IL 60062  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SKX Sharon Kaboff SHARON KABOFF  
Office Address: 13608 Sabatini  
Delray Beach, Florida 33446  
(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 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.

SKX Sharon Kaboff  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Abby Levine - Member - 3592 N. Southport Unit 2 Chicago, IL 60657  
DAVID LEVINE - Admin - 2970 Maria St Ste 107 Northbrook IL 60062

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)

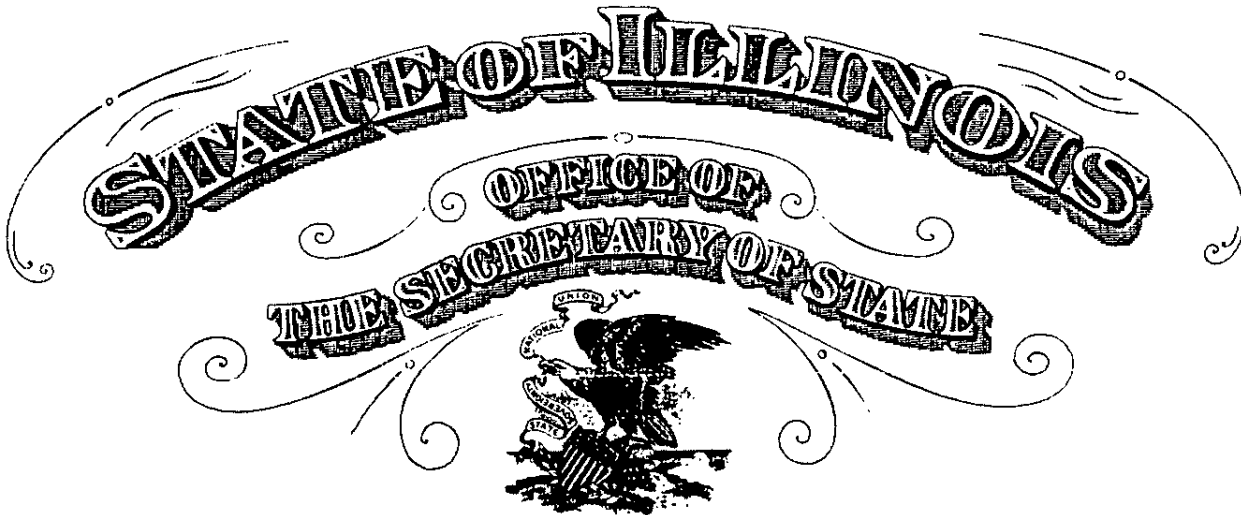
Abby Levine  
Signature of an authorized person

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.817.155, F.S.

Abby Levine  
Typed or printed name of signer

File Number

0586687-1



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

CRABBY ABBEY L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 20, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

FILED  
APR 4 PM 1:44  
SECRETARY OF STATE  
STATE OF FLORIDA



**In Testimony Whereof, I hereto set**  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 14TH*  
*day of MARCH A.D. 2017 .*

*Jesse White*

SECRETARY OF STATE