M17000003450

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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W17-31011
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 10, 2017

KRYSTAL HANKS 5770 E SKELLY DR TULSA, OK 74135

SUBJECT: KRYSTAL SEAS LLC Ref. Number: W17000031011

We have received your document for KRYSTAL SEAS 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 417A00006872

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COVER LETTER

TO; Registration Section Division of Corporat	ions						
SUBJECT:	(upti) Name of L	o Jock imited Liability Company	LLC				
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:							
	Krystal Na	me of Person	<u>. </u>				
Captain Jank, LLC Firm/Company							
5770 E. Skelly Dr.							
City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Ki Jah Nan	ne of Contact Person	at (9)8) Use Area Code Days	15 · 440 0 time Telephone Number				
MAILING ADDRE Division of Corporati Registration Section P.O. Box 6327 Tallahassee, FL 3231	ons	Division o Registrati Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301				
Enclosed is a check for the fol □ \$125.00 Filing Fee		☐ \$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 605.0902, FLORIDA STATUTI COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIL		S SUBMITTED TO R	REGISTER A FOREIG	N LIMITED LIABILIT
1. Captoin Jack LLC (Name of Foreign Limited Liability Company; must inch		npany," "L.L.C.," or "	LLC.")	
	LC		/ T. T. W. S. T. W.	
(If name unavailable, enter alternate name adopted for the purpose of transacting b	usiness in Florida. The alternate	e name must include "Lin	nited Liability Company,""	L.L.C," or "LLC.")
(Jurisdiction under the law of which foreign limited liability company is organ	3	<u> </u>	El number, if applicable)	, a
4. (Date first transacted business in Flori (See sections 605.0904 & 605.0905, F	da, if prior to registration) .S. to determine penalty liabilit	у)	-	
5. 13727 SW 152 ST (Street Address of Principal Office)	6	13727 e	SW 152	25
- Mary FL 33177		miam	<u> </u>	33177
7. Name and street address of Florida registered agent: ((P.O. Box NOT acce	ptable)		
Name: Krystol A	anks			
Oxince (184) 0351	125 2L		_	
<u> </u>	N)	, Florida	3317	
Registered agent's acceptance: Having been named as registered agent and to accept so designated in this application, I hereby accept the apport to comply with the provisions of all statutes relative to to and accept the obligations of my position as registered.	ervice of process for a intment as registered he proper ap d com pl	agent and agree	to act in this capa	city. I further agre
(Regi	stered agent's signature)			
8. The name, title or capacity and address of the person <u>Title or Capacity:</u> <u>Name and Address</u>		ority to manage i		d Address:
Ricky Al	unks Sk-114 1713			
- AP - Reush STOP S	Hanks Skelly Do			
(Use attachments if necessary)				
9. Attached is a certificate of existence, no more than 90 jurisdiction under the law of which it is organized. (If the of the translator must be submitted)		reign language, a		
10. This document is executed in accordance with sectio submitted in a document to the Department of State cons	on 605.0203 (1) (b), Fl	orida Statutes, I a	m aware that any fa I for in s.817.155, F	lse information
	Typed or printed name o	Janks fsignee		

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>CAPTAIN JACK I.I.C</u> whose registered agent is <u>HUGH ROBERT</u>, with its registered office at <u>15 W 6TH ST #2112 TULSA 74119 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 30th, day of March, 2017.

Secretary Of State