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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILE  
2017 OCT 10 AM 8:34  
HARRIS, J. HARRIS

OCT 11 2017  
J. HARRIS

*Handwritten signature/initials*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CARNICK RENTALS 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:

CRAIG W. CRNICK

Name of Person

CARNICK RENTALS LLC

Firm/Company

806 SOUTH MOCKINGBIRD COURT

Address

OTHELLO, WA 99344-9500

City/State and Zip Code

ccrnick77@gmail.com

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

For further information concerning this matter, please call:

CRAIG W. CRNICK

Name of Contact Person

at ( 509 )

Area Code

488-3125 (H) ANSWER MACHINE

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2017 OCT 10 AM 8:26

September 26, 2017

CRAIG W CRNICK  
806 SOUTH MOCKINGBIRD COURT  
OTHELLO, WA 99344-9500

SUBJECT: CRNICK RENTALS LLC  
Ref. Number: W17000076676

We have received your document for CRNICK RENTALS LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return 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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 517A00019469

2017 OCT 10 AM 8:34  
FILE

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. CRNICK RENTALS LLC  
(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. WASHINGTON 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI 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. 806 SOUTH MOCKINGBIRD CT. 6. 806 SOUTH MOCKINGBIRD CT.  
(Street Address of Principal Office) (Mailing Address)  
OTHELLO WA 99344-9500 OTHELLO, WA 99344-9500

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

Name: THOMAS J. DeMAKE

Office Address: 504 Silverleaf Oak Ct  
Palm Beach Gardens, Florida 33410  
(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.

Thomas J. DeMare  
(Registered agent's signature)

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

Title or Capacity: Name and Address: Title or Capacity: Name and Address:

MANAGER/OWNER

CRAIG CRNICK

806 S. MOCKINGBIRD CT  
OTHELLO, WA 99344-9500

(Use attachments if necessary)

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)

10. 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 §.817.155, F.S.

Craig Crnick  
Signature of an authorized person

CRAIG CRNICK

Typed or printed name of signer

UNITED STATES OF AMERICA

# The State of Washington



## Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal,  
hereby issue this

### CERTIFICATE OF EXISTENCE OF CRNICK RENTALS LLC

I FURTHER CERTIFY that the records on file in this office show that the above named entity  
was formed under the laws of the State of Washington and that its public organic record  
was filed in Washington and became effective on 8/4/2017.

I FURTHER CERTIFY that the entity's duration is Perpetual,  
and that as of the date of this certificate, the records of the Secretary of State  
do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected  
through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary  
of State for filing and that proceedings for administrative dissolution are not pending.

Date: October 2, 2017

UBI: 604-154-957

Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

