

12/20/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
100 South Bronough Street  
Tallahassee, Florida 32399-0001

**1117000010837**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H170003338173)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512)418-6949  
Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

17 DEC 20 AM 11:32  
FAX  
TALLAHASSEE, FLORIDA

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Foreign Limited Liability Company  
CRT Clips, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

**PLEASE KEEP THE ORIGINAL FILE DATE**

**12/20/2017**

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**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. CRT Clips, LLC**

(None of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternative name adopted for the purpose of transacting business in Florida. The alternative name must include "Limited Liability Company," "LLC," or "L.L.C.")

**2. GEORGIA**

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

**3. 82-3478087**

(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. CRT Clips, LLC**

(Street Address of Principal Office)

470 PRADO TERRACE

ROSWELL, GA 30075

**6. CRT Clips, LLC**

(Mailing Address)

PO BOX 1660

BUFORD, GA 30515

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida

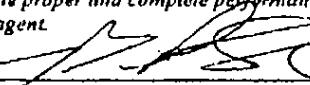
33324

17 DEC 2017  
AM 11:32

**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.*

By:

  
(Registered agent's signature) Brian Smith, Asst. Secretary

**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:**

MGK MEMBER

THOMAS AAGAARD

MEMBER

CHAD LEONARD

470 PRADO TERRACE

470 PRADO TERRACE

PO BOX 1660

ROSWELL, GA 30075

ROSWELL, GA 30075

BUFORD, GA 30515

MEMBER

RICHARD AAGAARD

ACCOUNTANT

LINDA FENDER

1219 PATRIDGE WAY

PO BOX 1660

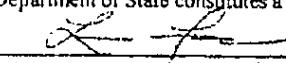
MARIETTA, GA 30062

BUFORD, GA 30515

(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 s.817.155, F.S.**

  
Signature of an authorized person

**LINDA FENDER**

Typed or printed name of signer

Control Number : 16034857

**STATE OF GEORGIA**  
**Secretary of State**  
**Corporations Division**  
**313 West Tower**  
**2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

**CERTIFICATE OF EXISTENCE**

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**CRT Clips, LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 14990165  
Date Inc/Auth/Filed : 03/28/2016  
Jurisdiction : Georgia  
Print Date : 12/19/2017  
Form Number : 211



*B.P.K.*

Brian P. Kemp  
Secretary of State

To: Page 3 of 5

2017-12-21 10:20:22 CST

12122023573 From: Kimberly Laughrey

850-617-6381

12/21/2017 10:49:56 AM PAGE 1/001 Fax Server



December 21, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: CRT CLIPS, LLC  
REF: W17000100413

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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

FAX Aud. #: H17000333817  
Letter Number: 517A00025805

2017 DEC 21 AM 11:49  
[Redacted]

P.O. BOX 6327 - Tallahassee, Florida 32314