# M180000005176

(Requestor's Name)							
(Address)							
(Address)							
,							
(City/State/Zip/Phone #)							
(Only State Ziph Holle H)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
· ———							
Special Instructions to Filing Officer:							
•							

Office Use Only



800313752588

05/29/18--01031--012 ++160.**00** 

**B FIGUEROA** JUN 0 1 2018

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	Crimson Solutions, I	.I.C					
SUBJECT.	Name of Limited Liability Company						
		eign Limited Liability Comp I to register the above refere					
Please return	all correspondence c	oncerning this matter to the	following:				
	Cort Ouzts						
	Name of Person						
	Crimson Soltuions, LLC						
	Firm/Company						
	3021-B Griffith St.						
Address							
	Charlotte, NC 28203						
City/State and Zip Code							
	cort@posnation.c						
		E-mail address: (to be used	for future annual	report not	ification)		
For further in	nformation concerning	g this matter, please call:					
Cort Ouzts			704 at (	307-253	34		
	Name o	f Contact Person	Area Code	Dayı	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	check for the followi \$125.00 Filing Fee	ng amount:  \$\Boxed\$ \$130.00 Filing Fee &  Certificate of Status	S155.00 Filin Certified Copy	ng Fee &	\$160.00 Filing Fee, Cof Status & Certified Co	ertificate py	

## 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: Solutions (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") Ill name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The atternate name must include "Lumited Liability Company," "LLC," or "LLC," or "LLC." 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Kevin Monteiro Name: 5061 South State Road 7 - Unit 604 Office Address: Davie 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. (Registered agent s sign 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: (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

Cottland Outs

Typed or printed name of signee



## NORTH CAROLINA Department of the Secretary of State

## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### **CRIMSON SOLUTIONS, LLC**

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 24th day of February, 2009, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 23rd day of May, 2018.

Elaine J. Marshall

Secretary of State

Certification# 102844286-1 Reference# 14632301- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification



## NORTH CAROLINA Department of the Secretary of State

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### **CRIMSON SOLUTIONS, LLC**

is a corporation created, organized and existing under the laws of the State of North Carolina, having been incorporated on the 24th day of February, 2009, and that the registered agent and office address is:

OUZTS, CORTLAND 3021 B GRIFFITH ST

**CHARLOTTE, NC 28203** 

I FURTHER certify that the said corporation has not filed articles of dissolution and continues to be in existence in this State as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 23rd day of May, 2018.

Elaine I Marshall

Secretary of State

Certification# 102844287-1 Reference# 14632301- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification