Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H18000328255 3)))



H180003282553ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

Tc: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 **Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please.** Email Address: Foreign Limited Liability Company BlueCrew, LLC Certificate of Status Certified Copy Page Count 04 \$155.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

iH

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE NYTH SECTION 6/6,0002, FLORIDA STATUTES, THE FOLLOWING ISSUBMITTED TO RECISITER A FOREIGN LIMITED LIABILITY.

BlueCrew, LLC (Name of Foreign	Limited Liability Company, must include Limi	ted Liability Company, " L. L. C.,	or "LLC")		
BlucCrew Staffing, LI					
·	are adopted for the purpose of transacting business in f	lorida. The alternate name must sucked	e "Limited Liability Com	pany," "LLC,"	'ur "LLL('.")
Delaware	uch foreign landed hability company a organized)	3.	(FE) number, if appl	(cable)	
Createdrayan duries nic raw or we	me excell larged month company of organism)	* · · · · · · · · · · · · · · · · · · ·	(FIS ROUGHER, II EPPE	oune,	
	(Date first transacted business in Florids, if prior (See rections 603 0904 & 605,0903, F.S. to deter		9	<u> </u>	
645 7th Street, San Fra			incipal Office	33.74	<u></u>
(Since) Address of F	rmospil Office)		(Mailing Address)	**************************************	<u>z</u>
		•		<u> </u>	8
<u>,</u>				(C) 20.	CD.
	601 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Mor		<u> </u>	_
rvame and street addres	s of Florida registered agent: (P.O. Bo	x ivo i acceptable)		• ************************************	2
Name;	C T Corporation System			10 10 10 10 10 10 10 10 10 10 10 10 10 1	بي
Office Address:	1200 South Pine Island Road			골돌	
Office Address.				127	. or
	Plantation (Civ)	. Florida	(Zip code)	-	
ignated in this applica comply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the propi s of my position as registered agent. C T Corporation System Phill	as registered agent and ag	ree to act in this ace of my duties,	capacity.	l further
signated in this applica comply with the provisi d accept the obligation:	gistered agent and to accept service of the appointment ons of all statutes relative to the propos of my position us registered agent. CT Corporation System Philip (Registered agent)	as registered agent and ager and complete performar Phally Sea, Assi	ree to act in this ace of my duties, Secretary	capacity.	l further
signated in this applica comply with the provisi d accept the obligation:	gistered agent and to accept service of the service of the appointment ons of all statutes relative to the proper of my position as registered agent. CT Corporation System Philip	as registered agent and ager and complete performar Phally Sea, Assi	ree to act in this nce of my duties, Secretary ge is/are;	capacity.	l furthei amiliar
signated in this applica comply with the provisi d accept the obligation: The name, title or caps	gistered agent and to accept service of the appointment ons of all statutes relative to the propose of my position as registered agent. CT Corporation System Phill (Regardered agent active and address of the person(s) who have and Address:	as registered agent and ager and complete performar Phally Sea, Assuration of the complete performance of the com	ree to act in this nce of my duties, Secretary ge is/are: Nam	capacity, and I am f	l further amiliar
rignated in this applica comply with the provision d accept the obligation. The name, title or caps Title or Capacity:	gistered agent and to accept service of the appointment ons of all statutes relative to the proper of my position as registered agent. C T Corporation System Phill (Regarded agent and address of the person(s) who have and Address:	Phally Sea, Assument authority to manage Title or Canacity:	ree to act in this nce of my duties, Secretary ge is/are: Nam	capacity: and I am f	l further amiliar
ignated in this applica comply with the provisi d accept the obligation. The name, title or caps Title or Capacity:	gistered agent and to accept service of the appointment ons of all statutes relative to the proper of my position as registered agent. C T Corporation System Phill (Regarded agent and address of the person(s) who have and Address:	Phally Sea, Assument authority to manage Title or Canacity:	ree to act in this nce of my duties, Secretary ge is/are: Nam	capacity: and I am f	l further amiliar
ignated in this applica comply with the provisi d accept the obligation. The name, title or caps Title or Capacity:	gistered agent and to accept service of the appointment ons of all statutes relative to the proper of my position as registered agent. C T Corporation System Phill (Regarded agent and address of the person(s) who have and Address:	Phally Sea, Assument authority to manage Title or Canacity:	ree to act in this nce of my duties, Secretary ge is/are: Nam	capacity: and I am f	l further amiliar
rignated in this applica comply with the provision d accept the obligation. The name, title or caps Title or Capacity:	gistered agent and to accept service of the appointment ons of all statutes relative to the proper of my position as registered agent. C T Corporation System Phill (Regarded agent and address of the person(s) who have and Address:	Phally Sea, Assument authority to manage Title or Canacity:	ree to act in this nce of my duties, Secretary ge is/are: Nam	capacity: and I am f	l further amiliar
rignated in this applica comply with the provision d accept the obligation. The name, title or caps Title or Capacity:	gistered agent and to accept service of the appointment ons of all statutes relative to the proper of my position as registered agent. C T Corporation System Phill (Regarded agent and address of the person(s) who have and Address:	Phally Sea, Assument authority to manage Title or Canacity:	ree to act in this nce of my duties, Secretary ge is/are: Nam	capacity: and I am f	l further amiliar
ignated in this applicationally with the provisional accept the obligations. The name, title or captable or Capacity: Please see attached.	gistered agent and to accept service of thom. I hereby accept the appointment ons of all statutes relative to the propies of my position as registered agent. C.T. Corporation System Phill (Registered agent acity and address of the person(s) who Name and Address: See Attached	Phally Sea, Assument authority to manage Title or Canacity:	ree to act in this nce of my duties, Secretary ge is/are: Nam	capacity: and I am f	l further amiliar
signated in this applical comply with the provision of accept the obligation. The name, title or capse Title or Capacity: Please see attached. Is attachments if necess Attached is a certificate is diction under the law	gistered agent and to accept service of the appointment fons of all statutes relative to the proper of my position as registered agent. C T Corporation System Philipped and address of the person(s) who have and Address: See Attached Sary) of existence, no more than 90 days old of which it is organized. (If the certific	as registered agent and ager and complete performants Phally Sea. Assumed to manage the performants authority to manage the present the p	Secretary Secretary Be is/sre: Nam Ple	capacity. and I am f	I further amiliar Aress: ached.
The name, title or caps Title or Capacity: Please see attached. See attachments if necess Attached is a certificate is diction under the law the translator must be see.	gistered agent and to accept service of the appointment ons of all statutes relative to the propose of my position as registered agent. C T Corporation System Philips (Regardered agent) (Regardered agent) city and address of the person(s) who have and Address: See Attached sary) of existence, no more than 90 days old of which it is organized. (If the certifical abunited) uted in accordance with section 605.02 of the Department of State constitutes a constitutes at the constitutes and the constitutes are constituted.	Phally Sea. Assument and ager and complete performant Phally Sea. Assuments authority to manage Title or Canacity: Please see attached. I, duly authoriticated by the ate is in a foreign language.	ge is/sre: Nam Nere to act in this nce of my duties, Secretary Recis/sre: Nam Ple Official having cu a translation of t	capacity. and I am f me and Add ase see atta astody of re the certification	I further amiliar Iress: Ires
signated in this applical comply with the provision decept the obligation. The name, title or capse Title or Capacity: Please see attached. Itse attachments if necess Attached is a certificate is diction under the law the translator must be see. This document is exec	gistered agent and to accept service of the appointment ons of all statutes relative to the propose of my position as registered agent. C T Corporation System Philipper and address of the person(s) who have and Address: See Attached Sary) of existence, no more than 90 days old of which it is organized. (If the certifical bimitted) uted in accordance with section 605.02 of the Dipartment of State constitutes in the constitu	Phally Sea. Assument and ager and complete performant Phally Sea. Assuments authority to manage Title or Canacity: Please see attached. I, duly authoriticated by the ate is in a foreign language.	ge is/sre: Nam Nere to act in this nce of my duties, Secretary Recis/sre: Nam Ple Official having cu a translation of t	capacity. and I am f me and Add ase see atta astody of re the certification	I further amiliar Iress: Ires

Typed or printed name of signer

BLUECREW, LLC

CONTRACTOR				
Title	Nome	Address		
Manager	Gregg Winiarski	555 W 18th Street, New York, NY 10011		
Manager	Glenn Schiffman	555 W 18th Street, New York, NY 10011		

Title	Name	Address
Director	Adam Roston	555 12th Street, Oakland, CA 94607
Chief Executive Officer	Gino Rooney	645 7th Street, San Francisco, CA 94103
Chief Operating Officer	Nick Jones	645 7th Street, San Francisco, CA 94103
Chief Financial Officer and Treasurer	Daniel Fossner	555 W 18th Street, New York, NY 10011
Senior Vice President, Secretary and Assistant Treasurer	Jeff Spitzer	555 12th Street, Oakland, CA 94607
Senior Vice President and Assistant Treasurer	Kevin Cotter	555 12th Street, Oakland, CA 94607
Vice President, Tax	Eric DeGraw	555 W 18th Street, New York, NY 10011
Vice President and Assistant Treasurer	Nick Stoumpas	555 W 18th Street, New York, NY 10011
Vice President and Assistant Secretary	Gregg Winiarski	555 W 18th Street, New York, NY 10011
Vice President and Assistant Secretary	Joanne Hawkins	555 W 18th Street, New York, NY 10011
Vice President and Assistant Secretary	Tanya Stanich	555 W 18th Street, New York, NY 10011
Vice President and Assistant Secretary	Kendall Handler	555 W 18th Street, New York, NY 10011



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BLUECREW, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE SIXTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

SLOWLINGY OF SINGLE FLOWING

6944784 8300

SR# 20187506523

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203846232

Date: 11-06-18