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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

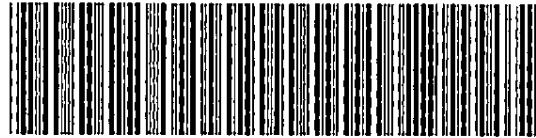
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W19000004449

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19 JAN -2 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C CAVE

JAN 29 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2019

ANDREA TSAKANIKAS
311 RR 620 S, SUITE 107
AUSTIN, TX 78734 US

SUBJECT: CREWFACILITIES.COM LLC
Ref. Number: W19000004449

We have received your document for CREWFACILITIES.COM 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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) 245-6052.

Cathy Cave

Letter Number: 719A00001008

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Crewfacilities.com 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:

Andrea Tsakanikas

Name of Person

Crewfacilities.com LLC

Firm/Company

311 RR 620 S, Suite 107

Address

Austin, TX 78734

City/State and Zip Code

Andrea@crewfacilities.com

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

For further information concerning this matter, please call:

Andrea Tsakanikas

512

599-0022

at (_____) _____

Name of Contact Person

Area Code

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

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. CrewFacilities.com LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

CrewFacilities 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. Texas 472789154
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 311 RR 620 S, Suite 107 311 RR 620 S, Suite 107
(Street Address of Principal Office) (Mailing Address)
Austin, TX 78734 Austin, TX 78734

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

Name: Andrea Tsakanikas

Office Address: 2501 E Commercial Blvd, Suite 203

Fort Lauderdale 33308
(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.

DocuSigned by:
Andrea Tsakanikas
90864D0FE9B5465... (Registered agent's signature)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CrewFacilities.com LLC

Name of Limited Liability Company

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Name of Person

CrewFacilities.com LLC

Firm/Company

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Address

Austin, TX 78734

City/State and Zip Code

Andrea@crewfacilities.com

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

For further information concerning this matter, please call:

Andrea Tsakanikas

512

599-0022

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

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☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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:

President

Andrea Tsakanika

311 RR 620 S. Suite 107

Austin, TX 78734

Vice President

Amber Schofman

311 RR 620 S. Suite 107

Austin, TX 78734

(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.

DocuSigned by:

Andrea Tsakanikas

90864D0FE0B5465...

Signature of an authorized officer

Andrea Tsakanikas

Typed or printed name of signer



Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for CrewFacilities.com, LLC (file number 802132479), a Domestic Limited Liability Company (LLC), was filed in this office on January 05, 2015.

It is further certified that the entity status in Texas is in existence

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 19, 2018.



A handwritten signature of Jose A. Esparza, consisting of stylized initials and a long horizontal line.

Jose A. Esparza
Deputy Secretary of State