Page 1 of 2 Division of Cornoration

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To:

Division of Corporations

Fax Number : (850)617-6383

Frem:

LO

Account Name : GIBBONS, NEUMAN, BELLO, SEGALL, ALLENY

Account Number : I20000000178 : (813)377-9222

Phone Fax Number : (813)877-9290

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

Email Address: lisa@bigsmarter.com

Foreign Limited Liability Company Crew, the Bar, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

Crew, the Bar, 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:

	Jonathan Gilber	i, Esquire								
			Nar	ne of Person				<u></u>		
	Gibbons Neum	ian						SECT	7019 MAY 17	•
			Für	n/Company				HE HE	7	
	3321 Henderson	Blvd.						RY O	~	
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	Tampa, FL 3360	09						ORIS C	7 4: 4U	
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	action concerning	this matter, pl	-		·		1)	-		
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MAILIN Division Registrate P.O. Box Tallahass Enclosed Please ma	Name of Manager Name of Name of Corporations ion Section 6327 see, FL 32314	this matter, plesses of Contact Persons Contact Persons contact Persons contact Persons contact Persons contact Persons	lease call:	at (Area Coo	877-9 de Di STREE Divisio. Registra Clifton 2661 E: Tallaha	aytime Te ET ADDR In of Corporation Sect Building xecutive Cossee, FL 3	lephone (ESS: orations ion Center (32301	s		Ce

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

IN COMPLIANCE WITH SECTION (05.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name travelish, exter alternate name subspeed for the papers of constanting beatiness in Florida. The alternate name must unclude "Limited Liability Company," "LLC," or "LLC." Texas 2	1. Crew, the Bar, LLC					r	
Texas (Journal Color of the law of which foreign limited hardlety company is required) (Dute first transported business in Klordet, if prior for registration) (See sections 605,050) & 603 (syr)d, F.S. to determine providey limiting) (See sections 605,050) & 603 (syr)d, F.S. to determine providey limiting) (See sections 605,050) & 603 (syr)d, F.S. to determine providey limiting) (Steat Address of Priority allottice) (Steat Address of Priority allottice) Datlas, TX 75321 Datlas, TX 75321 Priority Rod B. Neuman, Esquire Name: Office Address: Tampa, (City) Tampa, Florida (Zip code)	(Nune of Foreign	Limited Liability Company; must include "Limite	d Liabilit	y Company, ^{a si} L.L.C.,	'or"LLC.")	
Texas (Junisdiction under the law of which foreign limited hability company is regarded) (Dutt direct particular to first to answered becomes in Florada, if prior for registration) (See sections 605,0901 & 605 (1993, F.S. to determine provide) limiting) [Dutt and the section of Principal Office) Dutlas, TX 75321 [Read B. Neuman, Esquire Name: Rod B. Neuman, Esquire Name: Answer Address:	(If name massalahla, anter alicinia n	name adopted for the outcome of transacting business in Fig.	wida. The al	ternule name must be lidd	M inited Li	ebility Company 7 °F	I C"or "IIC"
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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Rod B. Neuman, Esquire 3321 Henderson Blvd. Tampa, (City) (City) 33609	Dallas, TX 75321			Dallas, TX 75321		E P	, <u> </u>
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Rod B. Neuman, Esquire Name: 3321 Henderson Blvd. Tampa, (City) 73609 (Zip code)						707	
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Name: Office Address: Tampa, (City) 3321 Henderson Blvd. 33609 (Zip code)							
Office Address: Tampa, (City) 33609 (Zip code)	Nаше:	Rod B. Neuman, Esquire					
Office Address: Tampa, (City) 33609 (Zip code)							
(City), Florida (Zip code)	Office Address:	3321 Henderson Blvd.					
(City) (Zip code)		Tanipa,		3	3609		
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Registered agent's acceptance:		, -,			(2)	,	

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.

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: ■Manager ■Member ■Authorized Person ■Other	Name and Address: Name: Lisa M. Benson Address: 10,000 North Central Expwy. Suite 1000, Dallas, TX 75321	Title or Capacity Manager Member Authorized Person Other	Name:Address:
☐Manager ☐Member ☐Authorized Person ☐Other	Name:	Manager Member Authorized Person Other	Address: TOPEC AHAY TO PH BIATE OF STATE
☐Manager ☐Member ☐Authorized Person ☐Other	Name:	☐ Manager ☐ Member ☐ Authorized ☐ Person ☐ Other	Name: Address: Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 plant.

Typed or printed name of signer

P.O.Box 13697 Austin, Texas 78711-3697 (FAX)8138779290

P.005/005

David Whitley Secretary of State



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for CREW, THE BAR, LLC (file number 803307564), a Domestic Limited Liability Company (LLC), was filed in this office on May 01, 2019.

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

PILLU

2019 MAY 17 PH 4:

SECRETARY OF STATALLAHASSEE. FLORE

In testimony whereof, I have hereunto my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 06, 2019.



David Whitley Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Fax: (512) 463-5709 TID: 10264 Diai: 7-1-1 for Relay Services Document: 887070790005