

W19 000005048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

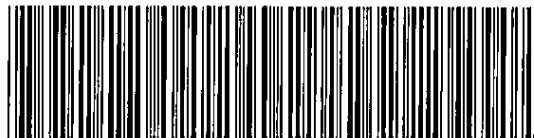
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19000048561
name does not
match cert.

Office Use Only



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05/16/19--01011--010 **125.00

RECEIVED
DEPARTMENT OF STATE
19 MAY 16 AM 11:00

2018 MAY 20 PM 12:42
2018 MAY 20 PM 12:42

FILED

Z BROWN

MAY 21 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2019

CORPORATE ACCESS, INC.

SUBJECT: CRS PENSACOLA LLC
Ref. Number: W19000048561

Corrected

We have received your document for CRS PENSACOLA 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 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.

Zakiya M Brown
Regulatory Specialist II

Letter Number: 619A00010051

RECEIVED
DIVISION OF STATE
19 MAY 20 AM 11:18

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: 05/16/2019

- ☐ **CERTIFIED COPY** _____
- ☒ **PHOTOCOPY** _____
- ☐ **CUS** _____
- ☒ **FILING** FOREIGN _____

1. **CRS PENSACOLA LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

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. CRS PENSACOLA LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")
Mugshots Pensacola, 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. Mississippi
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 83-4607981
(FBI number, if applicable)
4. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 100 Titus Blvd.
(Street Address of Principal Office)
Hattiesburg, MS 39402
6. _____
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Registered Agent Solutions, Inc.
- Office Address: 155 Office Plaza Dr., Suite A
Tallahassee, Florida 32301
(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.

Adam Saldana
(Registered agent's signature) Adam Saldana, Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Charles Ron Sawell</u> <u>100 Titus Blvd</u> <u>Hattiesburg, MS 39402</u>	<u>Manager</u>	<u>John W. Adcock</u> <u>20 Belagress Blvd</u> <u>Hattiesburg, MS 39402</u>
_____	_____	_____	_____
_____	_____	_____	_____

(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.

Charles Ron Sawell
(Signature of an authorized person)
Charles Ron Sawell
(Typed or printed name of signee)



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

CRS PENSACOLA LLC

Registered the 1st day of May, 2019

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

100 TITUS BLVD
Hattiesburg, MS 39402

And that the registered agent at that address is:

Charles Ron Savell

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 17th day of May, 2019

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN19066945

Verify this certificate online at <http://corp.sos.ms.gov/corpeconv/verifycertificate.aspx>