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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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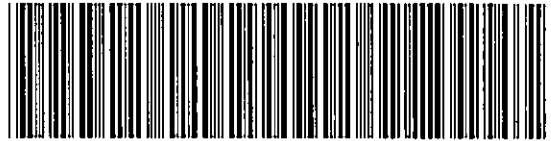
(Business Entity Name)

(Document Number)

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JUN 23 AM 86  
JUN 23 11 41 AM '20

JUN 23 2020

**COVER LETTER**

TO: **Registration Section  
Division of Corporations**

SUBJECT: Crafty, 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:

Alyssa Robinson  
Name of Person

Firm/Company

16 Paradise Ln  
Address

Ticasure Island FL 33706  
City/State and Zip Code

Crafty11c1127@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alyssa Robinson at (716) 445-5760  
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. Crafty, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
CraftyCalls, 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. New York  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)

4. 1-1-2020  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 16 Paradise Ln  
(Street Address of Principal Office)  
Treasure Island  
Florida, 33706
6. 16 Paradise Ln, 108  
(Mailing Address)  
Treasure Island FL  
33706

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

Name: Alyssa Robinson

Office Address: 16 Paradise Ln, 108

Treasure Island, Florida 33706  
(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.

Alyssa Robinson  
(Registered Agent's signature)

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:

Name and Address:

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(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.

Alyssa Robinson  
Signature of an authorized person

Alyssa Robinson  
Typed or printed name of signer

**State of New York**  
**Department of State** } ss:

I hereby certify, that CRAFTY, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/14/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 01st day of October two  
thousand and nineteen.*

*Brendan C. Hughes*

*Brendan C Hughes  
Executive Deputy Secretary of State*