

9/23/2020

Division of Corporations

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Division of Corporations  
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To:

Division of Corporations  
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**Foreign Limited Liability Company  
CRAFT-CORV HOLDINGS, LLC**

Certificate of Status	0 -
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SEP 23 2020

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**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. CRAFT-CORV HOLDINGS, LLC

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

Delaware

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEL 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)

2650 Jewett Lane

5. (Street Address of Principal Office)

6 2650 Jewett Lane

(Mailing Address)

Sanford, FL 32771

Sanford, FL 32771

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

Name: National Registered Agents, Inc.

Office Address: 1200 South Pine Island Road

Plantation

(City)

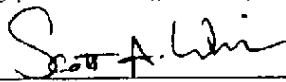
Florida

33324

(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.*



Scott White, Assistant Secretary

(Registered agent's signature)

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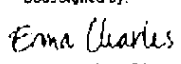
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Gary Raichart</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Raphael Newman</u>
<input type="checkbox"/> Member	Address: <u>2650 Jewett Lane</u>	<input type="checkbox"/> Member	Address: <u>2650 Jewett Lane</u>
<input type="checkbox"/> Authorized	<u>Sanford, FL 32771</u>	<input type="checkbox"/> Authorized	<u>Sanford, FL 32771</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Dexter Charles</u>	<input checked="" type="checkbox"/> Manager	Name: <u>David Jakubs</u>
<input type="checkbox"/> Member	Address: <u>2650 Jewett Lane</u>	<input type="checkbox"/> Member	Address: <u>2650 Jewett Lane</u>
<input type="checkbox"/> Authorized	<u>Sanford, FL 32771</u>	<input type="checkbox"/> Authorized	<u>Sanford, FL 32771</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Walter Basso Jr.</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Andrew Phillipe</u>
<input type="checkbox"/> Member	Address: <u>2650 Jewett Lane</u>	<input type="checkbox"/> Member	Address: <u>2650 Jewett Lane</u>
<input type="checkbox"/> Authorized	<u>Sanford, FL 32771</u>	<input type="checkbox"/> Authorized	<u>Sanford, FL 32771</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

**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.

DocuSigned by:  
  
 22162008320476  
 \_\_\_\_\_  
 Signature of an authorized person  
 Erma Charles  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "CRAFT-CORV HOLDINGS, 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 TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2020.

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



3555768 8300

SR# 20207434634

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203716772

Date: 09-23-20