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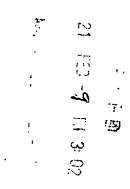
(Red	questor's Name)					
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## COVER LETTER

TO:		ration Section in of Corporations				
SUBJE		rew Capital Management, LLC				
.,		Name of Limited Liability Company				
			Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida			
Please	return all	correspondence concerning this matter to	the following:			
		Brandon Deer				
		Name of Person				
	Crew Capital Management, LLC					
		Firm/Company				
	1300 SOUTH MIAMI AVENUE #4105					
Address			Address			
	Miami FL 33130					
		ity/State and Zip Code				
		bdeer89@gmail.com				
		E-mail address: (to be	used for future annual report notification)			
For fur	ther infor	mation concerning this matter, please cal	t:			
Andrea Cohen		a Cohen	415 425-9646 at ( )			
		Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327			Street Address:			
			Registration Section			
		•	Division of Corporations			
			The Centre of Tallahassee			
	Tanar	nassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Please	ed is a check for the following amount: make check payable to: FLORIDA DEP. 5.00 Filing Fee	& 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate			



November 17, 2020

BRANDON DEER 1300 S MIAMI AVE #4105 MIAMI, FL 33130

SUBJECT: CREW CAPITAL MANAGEMENT, LLC

Ref. Number: W20000131829

We have received your document for CREW CAPITAL MANAGEMENT, 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 registered agent must sign accepting the designation.

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.

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

Letter Number: 720A00023105

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	nent, LLC Limited Liability Company; must include "Limite	d Liability	Company, ""L.L.C.," or "LLC.")			
Finance unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida. The a	Iternate name must include "Limited Liability (	Company," "L.L.C," or "LLC.";		
Delaware			85-3526484			
(Jurisdiction under the law of which foreign limited hability company is organized)		3.	(FEI number, if ap	(Flit number, if applicable)		
November 1, 2020						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration ine penalty l	ability)			
1300 SOUTH MIAMI AVENUE #4105			1300 SOUTH MIAMI AVENUE			
reet Address of Principal Office)		6	(Mailing Address)			
Miami, FL 33130			Miami, FL 33130			
Name and <u>street addres</u> Name:	ss of Florida registered agent: (P.O. Box Brandon Deer	: <u>NOT</u> a	eceptable)	· N		
Office Address:	1300 SOUTH MIAMI AVENUE #4105		<u></u>	: m ::11 ::0		
	Miami		33130 , Florida(Zip code)	-0		
	(Cny)		(Zip code)			
signated in this applica comply with the provisi	Nance: gistered agent and to accept service of parties, and to accept service of parties, and the appointment alons of all statutes relative to the propers of my position as registered agent.	is registe	red agent and agree to act in thi:	s capacity. I further a		
	Brandon Deer					
	(Registered agent's	signature)				

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]: Name and Address: Name and Address: Title or Capacity; Title or Capacity: Brandon Deer Name: Manager 1300 S MIAMI AVE #4105 Address: \_ □Member □ Member Address: Andrea Cohen □ Authorized Authorized Person Person □Other □Other\_\_\_\_\_ Other □Other\_\_\_\_\_ Name: Name: \_\_\_\_\_\_ □ Manager □ Manager □Member Address: □ Member Address: □ Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_\_ □Other □Other\_\_\_\_ Name: \_\_\_\_\_ Name: ■ Manager □ Manager □Member □ Member Address: Address: □ Authorized Authorized Person Person □Other\_\_\_\_ Other \_\_\_\_ Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Brandon Deer Signature of an authorized person Brandon Deer

Typed or printed name of signed



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CREW CAPITAL MANAGEMENT, 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 SIXTEENTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CREW CAPITAL MANAGEMENT, LLC" WAS FORMED ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2020.

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

3880781 8300
SR# 20207882904
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203882368

Date: 10-16-20