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(Address)

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Crawford Creative LLC
(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

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RUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRAWFORD CREATIVE 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:

PARIS CRAWFORD
Name of Person

CRAWFORD CREATIVE LLC
Firm/Company

3479 NE 163rd ST
Address

NORTH MIAMI BEACH, FL 33160
City/State and Zip Code

PARIS@CRAWFORDFWD.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PARIS CRAWFORD at (218) 214-7954
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:
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☑ $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. CRAWFORD CREATIVE 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.")

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

3. 86 3542159
(FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. re determine penalty liability)

5. 5237 LOWER TEN MILE LAKE RD NW
(Street Address of Principal Office)
HACKENSACK, MN 56452

6. 3479 NE 163rd ST
(Mailing Address)
SUITE 1129
North Miami Beach FL 33160

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

Name: PARIS CRAWFORD

Office Address: 3479 NE 163rd ST # 1129

North Miami Beach, Florida 33160
(City) (Zip code)

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**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.***

Paris Crawford
(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]:

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|---|---|---|---|
| ☒ Manager | Name: Paris Crawford | ☐ Manager | Name: |
| ☐ Member | Address: 3479 NE 163 St # 929 | ☐ Member | Address: |
| ☐ Authorized | North Miami Beach FL 33160 | ☐ Authorized | |
| Person | | Person | |
| ☐ Other | ☐ Other | ☐ Other | ☐ Other |
| ☐ Manager | Name: | ☐ Manager | Name: |
| ☐ Member | Address: | ☐ Member | Address: |
| ☐ Authorized | | ☐ Authorized | |
| Person | | Person | |
| ☐ Other | ☐ Other | ☐ Other | ☐ Other |
| ☐ Manager | Name: | ☐ Manager | Name: |
| ☐ Member | Address: | ☐ Member | Address: |
| ☐ Authorized | | ☐ Authorized | |
| Person | | Person | |
| ☐ Other | ☐ Other | ☐ Other | ☐ 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.

Paris Crawford
Signature of an authorized person

PARIS CRAWFORD
Typed or printed name of signer

## Office of the Minnesota Secretary of State
## Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

| | |
|---|---|
| Name: | Crawford Creative LLC |
| Date Filed: | 10/02/2014 |
| File Number: | 786377400027 |
| Minnesota Statutes, Chapter: | 322C |
| Home Jurisdiction: | Minnesota |
| This certificate has been issued on: | 05/28/2021 |


Steve Simon
Secretary of State
State of Minnesota