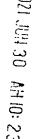
(Requestor's Name)
(Address)
(Address)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

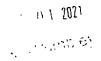
Office Use Only



600368766826

2021 JUH 30 AH 10: 23





## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

abbiethody

DATE:

6/30/2021

NAME:

CRIMSON SKY ENTERPRISES LLC

TYPE OF FILING: APPLICATION

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	CRIMSON SKY ENTERPRISES LLC
5050	Name of Limited Liability Company
The en	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate once, and check are submitted to register the above referenced foreign limited liability company to transact business in Florid
Please	return all correspondence concerning this matter to the following:
	GLENN GOLDBERG
	Name of Person
	GOLDBERG LAW GROUP, PA
	Firm/Company
	944 4TH STREET NORTH, SUITE 600
	Address
	ST. PETERSBURG, FL 33701
	City/State and Zip Code
	GLENN@GOLDBERGLAW.US
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	GLENN GOLDBERG 727 898-5200 at ( )
	Name of Contact Person Area Code Daytime Telephone Number
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$\Begin{array}{l} \begin{array}{l} \left\ \ \ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

## 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:

DELAWARE		07.1174474	• • •	L.C." or "LLC
		87-1134474 3		
(Jurisdiction under the law of wi	hich foreign limited liability company is organized)	(FE	Tnumber, if applicable)	
7/1/2021				
	(Date first transacted business in Florida, if prior to registr (See sections 605.0904 & 605.0905, F.S. to determine per	ttion.) alty liability)		
944 4TH STREET NO		944 4TH STREET NO	RTH, SUITE 600	
reet Address of Principal Office)		6. (Mailing Address)		<del></del>
ST. PETERSBURG, FI	L 33701	ST. PETERSBURG, FL 33701		
			ti <del>s.</del>	202
	BURG, FL 33701  ST. PETERSBURG, FL 33701  P. 202  eet address of Florida registered agent: (P.O. Box NOT acceptable)  30	<del></del>		
Name and street addres	s of Florida registered agent: (P.O. Box NC	Tacceptable)	<b>a</b> -	± 30
Name:	GLENN GOLDBERG			5H 10: 23
Office Address:	944 4TH STREET NORTH, SUITE 600			): 23
	ST. PETERSBURG	33701 . Florida		
	(City)	(Zip c	odel	

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: Name: GLENN GOLDBERG Name: \_\_\_\_\_ ■ Manager ■ Manager 944 4TH STREET NORTH □Member Address: □Member Address: \_\_\_\_\_\_ SUITE 600 □ Authorized □ Authorized ST. PETERSBURG, FL 33701 Person Person Other\_\_\_ Other\_\_\_\_ □ Other\_\_\_\_\_ Other Name: \_\_\_\_\_\_ □ Manager Name: ☐Manager Address: Address: \_\_\_\_\_ □Member ☐ Member □ Authorized ☐ Authorized Person Person □Other\_\_\_\_\_ Other\_\_\_\_ □Other \_\_\_\_ □ Other\_\_\_\_\_ Name: \_\_\_\_\_\_ □ Manager □Manager Address: \_\_\_\_ □Member Address: \_\_\_\_\_ □ Member □ 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. 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. Signature of an authorized person

Typed or printed name of signee

**GLENN GOLDBERG** 



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

DELAWARE, DO HEREBY CERTIFY "CRIMSON SKY ENTERPRISES 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-NINTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRIMSON SKY ENTERPRISES LLC" WAS FORMED ON THE NINETEENTH DAY OF FEBRUARY, A.D. 2021.

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

at corp.delaware.gov/aut.

Authentication: 203561600

Date: 06-29-21

5183902 8300 SR# 20212580488