

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EPGD ATTORNEYS AT LAW, P.A.
Account Number : 120140000049
Phone : (786)837-6787
Fax Number : (305)718-0687

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address: Ariv@epgdllw.com

Foreign Limited Liability Company
CRIMCO LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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H210002454223 002/007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRIMCO, 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:

Aviv Asoulin

 Name of Person

EPGD ATTORNEYS AT LAW, P.A.

 Firm/Company

777 SW 37th Ave, Suite 510

 Address

Miami, FL 33135

 City/State and Zip Code

aviv@epgdllaw.com

 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aviv Asoulin

786

837-6787

at ()

 Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:

Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

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

H210002454223

**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:

CRIMCO, LLC

1. _____
(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.")
Texas

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI 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)

3824 Cedar Springs, RD #801-2633, DALLAS, TX 3824 Cedar Springs, RD #801-2633, DALLAS, TX
5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)

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

EPGD ATTORNEYS AT LAW, P.A.

Name: _____

777 SW 37th Ave, Suite 510

Office Address: _____

MIAMI

33135

_____, Florida _____
(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.

(Registered agent's signature)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: LONNIE CRIM	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: P.O. BOX 1119 TAVERNIER, FL 33070	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



 Signature of an authorized person

AVIV ASOULIN

 Typed or printed name of signer

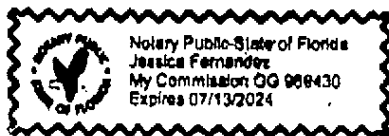
FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

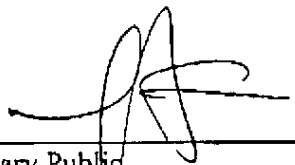
BEFORE ME, a Notary Public, duly authorized to administer and take oaths, personally appeared Aviv Asoulin ("Affiant"), who after being first duly sworn, deposes and states as follows:

I, Aviv Asoulin, an agent of the Registered Agent, EPGD Attorneys at Law, P.A., affirm that I am not re-instating the Florida Limited Liability Company that was dissolved with the same name of "CRIMCO LLC" and instead, I am using the same name of "CRIMCO LLC" to file a foreign entity in Florida.


Aviv Asoulin, Affiant

SWORN TO AND SUBSCRIBED before me on this 3rd day of August 2021, by AVIV ASOULIN, a person of lawful age who is personally known to me or who has produced the following type of identification: _____, and who did take an oath.




Notary Public
My Commission Expires: 7/13/2024

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Crimco LLC (file number 801282494), a Domestic Limited Liability Company (LLC), was filed in this office on June 16, 2010.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 05, 2021.



A handwritten signature in black ink, appearing to be "JE", followed by a long horizontal line.

Jose A. Esparza
Deputy Secretary of State