

MA210000014367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

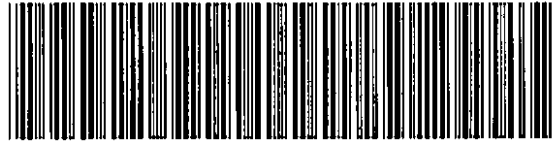
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/27/21--01011--014 ++125.00

FILED
21 OCT 27 PM 4:49
CLERK OF COURT
JANUARY 10, 2021

T. LEMIEUX
OCT 28 2021
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October 25, 2021

VIA FEDEX

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

**RE: Foreign LLC Authorization
Crawford Capital Consulting, LLC**

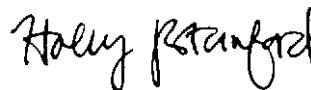
To Whom It May Concern:

Enclosed please find the following documents in relation to our application for Crawford Capital Consulting, LLC, a Tennessee limited liability company, to be authorized to transact business in the State of Florida:

- Completed Application by Foreign LLC for Authorization to Transact Business in FL;
- Certificate of Existence dated October 25, 2021; and
- Check for \$125.00 made payable to the Florida Department of State.

Thank you for your assistance in this matter. Should you need any additional information or documentation, please contact Chris Crawford at 901-484-4894 or ccrawford@crawfordcapitalconsulting.com. You may also reach me at 901-299-9098 or hollyjstanford@crawfordcapitalconsulting.com.

Sincerely,



Holly J. Stanford, Esq.
Owner/Member
Crawford Capital Consulting, LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Crawford Capital Consulting, 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:

Chris Crawford

Name of Person

Crawford Capital Consulting, LLC

Firm/Company

4510 Pinchurst Trail W.

Address

Oakland Park, FL 33309

City/State and Zip Code

ccrawford@crawfordcapitalconsulting.com

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

For further information concerning this matter, please call:

Chris Crawford

901

484-4894

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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy 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 Capital Consulting, 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. Tennessee 46-4019635
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 4510 Pinchurst Trail W. 6. 4510 Pinchurst Trail W.
(Street Address of Principal Office) (Mailing Address)
Oakland Park, FL 33309 Oakland Park, FL 33309

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

Name: Holly J. Stanford, Esq.
Office Address: 4510 Pinchurst Trail W.
Oakland Park 33309
(City) , Florida (Zip code)

FILED
21 OCT 27 PM 4:49
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

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.

Holly J. Stanford
(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:**

☐ Manager Name: Holly J. Stanford

☒ Member Address: 4510 Pinchurst Trail W.

☐ Authorized Oakland Park, FL 33309

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Chris Crawford

☐ Member Address: 4510 Pinchurst Trail W.

☒ Authorized Oakland Park, FL 33309

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.

Holly J. Stanford
Signature of an authorized person

Holly J. Stanford, on behalf of Crawford Capital Consulting, LLC

Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

HOLLY J. STANFORD
4510 PINEHURST TRAIL W.
OAKLAND PARK, FL 33309

October 25, 2021

Request Type: Certificate of Existence/Authorization

Request #: 0442184

Issuance Date: 10/25/2021

Copies Requested: 1

Document Receipt

Receipt #: 006691446

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3816647314

\$20.00

Regarding: CRAWFORD CAPITAL CONSULTING, LLC

Filing Type: Limited Liability Company - Domestic

Control #: 736389

Formation/Qualification Date: 10/30/2013

Date Formed: 11/01/2013

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: SHELBY COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

CRAWFORD CAPITAL CONSULTING, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 049435231