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SECRETARY OF STATE TALL AHASSEE, FLORIDA

FILED

### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Crowd Control Industries LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Ce Existence, and check are submitted to register the above referenced foreign limited liability company to transact business	
Please return all correspondence concerning this matter to the following:	
Richard Prigg	
Name of Person	
Crowd Control Industries LLC	
Firm/Company	
155 Knickerbocker Avenue	
Address	
Bohemia, NY 11716	
City/State and Zip Code	
rprigg@queuesolutions.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Richard Prigg 631 7506440 ext 202	
Name of Contact Person Area Code Daytime Telephone Number	
MAILING ADDRESS:  Division of Corporations  STREET ADDRESS:  Division of Corporations	
Registration Section Registration Section	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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 \$\Bigsup \$130.00 Filing Fee & \$\Bigsup \$155.00 Filing Fee & \$\Bigsup \$160.00 Filing Fee.	. Certificate
Certificate of Status Certified Copy of Status & Certifie	

## 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:

. Crowd Contro	Industries LLC Limited Liability Company; must include "L	imited Liability Company," "L.I. C.," or "L.I.C.")			
<sub>2.</sub> New York		ting business in Florida. The alternate name must include "Limited Liability Company," "L.J.,C," or "LI.  3.			
N/A	hich foreign lumited liability company is organized)	(FEI number, if applicable)			
(Sireer Address of Principal Office)  (Date first transacted business in Floring Care Sections 605.0904 & 605.0905,  (Street Address of Principal Office)		6. 155 Knickerbocker Ave			
Bohemia		Bohemia			
NY 11716		NY 11716 TALLARIA			
7. Name and street addres	s of Florida registered agent: (P.O. I	Box NOT acceptable)			
Name:	Registered Age	nts Inc.			
Office Address:	7901 4th St N S	St N STE 300			
	St. Petersburg	. Florida 33702 (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.

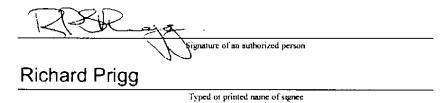
(Registered agent's signature)

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: Name: Pedro Rivera	Title or Capacity:	Name and Address: Name: Richard Prigg
	Name: 155 Knickerbocker Ave	☐ Manager  Member	Address: 155 Knickerbocker Ave
Authorized	Bohemia	Authorized	Bohemia
Person	NY 11716	Person	NY 11716
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.



#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: CROWD CONTROL INDUSTRIES, LLC

DOS ID Number: 5758211

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING

Date of Initial Filing with DOS: 05/29/2020

Statement Status: CURRENT Statement Due Date: 05/31/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 07, 2022 at 02:38 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

Brandon C Hylan

By Brendan C. Hughes

Executive Deputy Secretary of State

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