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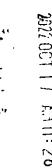
| (Requestor's Name) | | | | | | | |
|---|--|--|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies Certificates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



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S. ROBERTS

OCT 17 2022

COVER LETTER

| TO: | egistration Section ivision of Corporations | | | | | | | | |
|-----------------------------------|---|------------------------------------|--|--|--|--|--|--|--|
| SUBJE | CRSF, L.L.C. | | | | | | | | |
| Name of Limited Liability Company | | | | | | | | | |
| | ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Flor and check are submitted to register the above referenced foreign limited liability company to transact | | | | | | | | |
| Please 1 | rn all correspondence concerning this matter to the following: | | | | | | | | |
| | Bonnie L. Wood | | | | | | | | |
| | Name of Person | | | | | | | | |
| | General Services Corporation | | | | | | | | |
| | Firm/Company | | | | | | | | |
| | 2922 Hathaway Road, P O Box 8984 | | | | | | | | |
| | Address | | | | | | | | |
| | Richmond, VA 23225 | | | | | | | | |
| | City/State and Zip Code | | | | | | | | |
| | licensing@gscapts.com | | | | | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | | | | | |
| For furt | information concerning this matter, please call: | | | | | | | | |
| | nita Harris 804 320-7101 ext 3012 | | | | | | | | |
| | Name of Contact Person Area Code Daytime Telephone Numb | er | | | | | | | |
| | ailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | | | | |
| | nclosed is a check for the following amount: ease make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee \$\Bigsquare \$130.00 Filing Fee & \$\Bigsquare \$155.00 Filing Fee & \$\Bigsquare \$160.00 Filing Fee & Certificate of Status \$\Bigsquare \$155.00 Filing Fee & \$\Bigsquare \$160.00 Fi | Pee, Certificate 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:

| f name unavailable, enter alternate t | name adopted for the purpose of transacting business in Flo | orida, The | alternate name must includ | e "Limited Liabilit | y Company," | "L.L.C," o | ī |
|--|---|---------------------------|-------------------------------|---------------------|--------------|------------|---|
| Commonwealth of Virg | | 2 | 92-0468194 | | | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | J. | 3. (FEI number, if applicable | | | | _ |
| N/A | | | | | | | |
| · <u></u> | (Date first transacted business in Florida, if prior to to (See sections 605.0904 & 605.0905, F.S. to determine | registratio ne penalty | a.) / limbility) | | - | | |
| 2922 Hathaway Road | | | P O Box 8984 | | | | |
| Street Address of Principal Office) | | | (Mailing Address) | | | | |
| Richmond, VA 23225 | | Richmond, VA 23225 | | | | 2(| |
| | | | | | 7.5. | 2022 00.7 | - |
| | | | | | ::: | <u> </u> | _ |
| . Name and street addres | s of Florida registered agent: (P.O. Box | <u>NOT</u> | acceptable) | | Ř | AH | |
| Name: | Corporation Service Company | <u>-</u> | | | i | 11:28 | |
| Office Address: | 1201 Hays Street | | | | | | |
| | Tallahassee | | 32 , Florida | 2301 | | | |
| | (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)

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 | <u>y:</u> | Name and Address: |
|--------------------|-----------------------------|-------------------|-----------|-------------------|
| ■Manager | Name: DAVM Corporation | □Manager | Name: | |
| □Member | Address: 2922 Hathaway Road | □Member | Address: | |
| □Authorized | Richmond, VA 23225 | □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.

Signature of an authorized person

Bonnie L. Wood, Vice President of DAVM Corporation, Manager

Commonboealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That CRSF, L.L.C. is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on September 26, 2022; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

September 26, 2022

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2022092617798673