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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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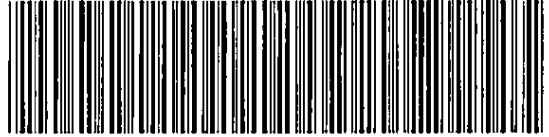
(Business Entity Name)

(Document Number)

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2024 JAN 23 PM 2:51
SECTION 1100
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CR ASSET GROUP, 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:

PAUL GREGG

Name of Person

Firm/Company

343 SHARON DRIVE

Address

NEW ORLEANS LA 70124

City/State and Zip Code

PCGREGGJR@HOTMAIL.COM

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

For further information concerning this matter, please call:

PAUL GREGG

Name of Contact Person

at (361)

Area Code

649-0165

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

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. CR ASSET GROUP, 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. GEORGIA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-3866683
(FEI number, if applicable)

4. 1 FEB 2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5563 WILEY POST RD
(Street Address of Principal Office)

6. 343 SHARON DRIVE
(Mailing Address)

JAY FL 32565

NEW ORLEANS LA 70124

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

Name: PAUL GREGG

Office Address: 5563 WILEY POST RD

JAY FL, Florida 32565
(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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2024 JAN 23 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FL

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: CLINTON ROBB GARRISON

☐ Member Address: 7510 RAMBLING VALE

☐ Authorized CUMMING GA 30028

 Person CLINTON ROBB GARRISON

☐ Other _____ ☐ Other _____

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

☐ Manager Name: PAUL C GREGG JR

☒ Member Address: 343 SHARON DRIVE

☐ Authorized NEW ORLEANS LA 70124

 Person PAUL GREGG

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 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.



Signature of an authorized person

PAUL C GREGG JR

Typed or printed name of signer

From: Clint Garrison cgarjr@gmail.com
Subject: certificate
Date: Jan 19, 2024 at 1:02:35 PM
To: Paul Gregg pcgreggj@gmail.com

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Best regards,

Clinton Garrison, Managing Member
CR Asset Group, LLC
(770) 608-3113 direct
(770) 292-9029 fax

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

ANNUAL REGISTRATION

Electronically Filed
Secretary of State
Filing Date: 1/6/2024 1:56:07 PM

BUSINESS INFORMATION	
CONTROL NUMBER	08073796
BUSINESS NAME	CR ASSET GROUP, LLC
BUSINESS TYPE	Domestic Limited Liability Company
EFFECTIVE DATE	01/06/2024
ANNUAL REGISTRATION PERIOD	2024, 2025, 2026

PRINCIPAL OFFICE ADDRESS	
ADDRESS	7510 RAMBLING VALE, CUMMING, GA. 30028, USA

REGISTERED AGENT		
NAME	ADDRESS	COUNTY
GARRISON, JR., CLINTON	7510 RAMBLING VALE, CUMMING, GA. 30028, USA	Forsyth

AUTHORIZER INFORMATION	
AUTHORIZER SIGNATURE	Clinton R. Garrison, Jr
AUTHORIZER TITLE	Manager