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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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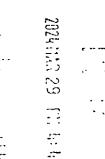
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## COVER LETTER

TO:

Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee, FL 32314			
Address  Coral Gables, FL 33134  City/State and Zip Coddaniel@epflegal.com  E-mail address: (to be used for future annual for further information concerning this matter, please call:  Daniel Fernandez  Daniel Fernandez  Coral Gables, FL 33134  City/State and Zip Coddaniel@epflegal.com  E-mail address: (to be used for future annual for further information concerning this matter, please call:  Daniel Fernandez  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Name of Concerning this Matter of Centre of 2415 N. More calls or future annual for futur	Company		
Daniel E. Fernandez  Pessoa Fernandez PLLC  Firm/Company  300 Sevilla Avenue. Suite 215  Address  Coral Gables, Fl. 33134  City/State and Zip Code daniel@eptlegal.com  E-mail address: (to be used for future annual or further information concerning this matter, please call:  Daniel Fernandez  Name of Contact Person  Mailing Address: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Name of PLC  Firm/Company  Address  Address  Street Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Pessoa Fernandez PLLC  Firm/Company  300 Sevilla Avenue. Suite 215  Address  Coral Gables, FL 33134  City/State and Zip Code daniel@eptlegal.com  E-mail address: (to be used for future annual or further information concerning this matter, please call:  Daniel Fernandez  Name of Contact Person  Mailing Address: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Firm/Company  Address  Stry/Company  Address  Area Code  The Centre of Contact Person  Tallahassee, FL 32314			
Pessoa Fernandez PLLC  Firm/Company  300 Sevilla Avenue, Suite 215  Address  Coral Gables, FL 33134  City/State and Zip Code  daniel@cpflegal.com  E-mail address; (to be used for future annual further information concerning this matter, please call):  Daniel Fernandez  Daniel Fernandez  Name of Contact Person  Mailing Address: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Firm/Company  Address  Address  Street Address  Registration Section Division of Corporations Division of Corporations Tallahassee, FL 32314			
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Daniel Fernandez  Name of Contact Person  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Daniel Fernandez  at (  305  Area Code  Street Address: Registration S  Division of C  The Centre o			
Daniel Fernandez305 at (Name of Contact PersonArea CodeMailing Address: Registration SectionStreet Address: Registration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre or 2415 N. Montact	d report notification)		
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i ditaliasiee,	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 ST	ATE		

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Crystal C LLC (Name of Foreign	Limited Liability Company; must include "Limited	Liability	y Company,	""L.L.(", or "LLC,")			
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Ele	orida The	alternate nan	ne must include "Lamited Liah	nlity Compan	y." "L.L.C."	or "Lt,C."
Delaware 2.		87-1012365					
2. (Jurisdiction under the law of which foreign limited hability company is organized)			(FEI number, if applicable)			:1	
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration	n ) Bability)				
333 Las Olas Way 5. (Street Address of Principal Office)				Olas Way			
Apt. 407			Apt. 407				
Fort Lauderdale, FL 33301			Fort Lau	derdale, FL 33301	,-	202	
7. Name and street address	is of Florida registered agent: (P.O. Box	NOT :	acceptabl	e)	 ·	20241138 29	(29°F) ( ) ( ) * * *
Name:	James Donnelly					1	
Office Address:	333 Las Olas Way, Apt. 407						
	Fort Lauderdale	· <b>-</b> .		33301 Florida			
	(City)			(Zip code)			

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>::</u>	Name and Address:	
■Manager	Name: James Donnelly	□Manager	Name:		
□Member	Address:	□Member	Address:		
□Authorized	Apt. 407	□Authorized			
Person	Fort Lauderdale, FL 33301	Person			
□Other	Other	□Other		□ () ther	
□Manager	Name:	∏Manager	Name:		
□Member	Address:	□Member	Address:	· · · · · · · · · · · · · · · · · · ·	
□Authorized		□Authorized			
Person		Person			
Other	Other	□Other		Other	
□Manager	Name:	□Manager	Name:		
□Member	Address:	□Member	Address: _	<u> </u>	
□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.



## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CRYSTAL C LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE FIFTEENTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRYSTAL C LLC"
WAS FORMED ON THE FIRST DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203034393

Date: 03-15-24