

M240000010331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

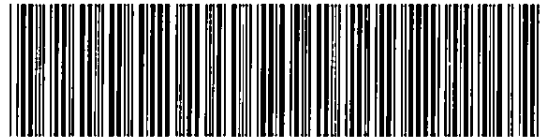
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24-108707

Office Use Only



700433579077

07/23/24--01023--002 \*\*125.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2024

JAN LIRA  
6375 S. PECIS RD. SUITE 212  
LAS VEGAS, NV 89120 US

SUBJECT: SHOES FOR CREWS NORTH AMERICA, LLC  
Ref. Number: W24000108707

We have received your document for SHOES FOR CREWS NORTH AMERICA, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones  
Regulatory Specialist II

Letter Number: 124A00016915

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Shoes for Crews North America, 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:

Jan Lira

\_\_\_\_\_  
Name of Person

FandlGagnon, LLC.

\_\_\_\_\_  
Firm/Company

6375 S. Pecos Rd. Suite 212

\_\_\_\_\_  
Address

Las Vegas, NV, 89120

\_\_\_\_\_  
City/State and Zip Code

jlira@fandlgagnon.com

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

For further information concerning this matter, please call:

Eric Rossi

929

310-4825

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 & 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. Shoes for Crews North America, 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. Delaware 3. 99-3310342  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 7/1/2024  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

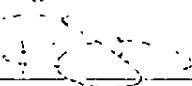
5. 5000 T-Rex Avenue, Suite 100 6. 5000 T-Rex Avenue, Suite 100  
(Street Address of Principal Office) (Mailing Address)  
Boca Raton, FL, 33431 Boca Raton, FL, 33431

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

Name: CT Corporation  
Office Address: 1200 S Pine Island Rd #250  
Plantation, Florida 33324  
(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)

Rose Song, Assistant Secretary

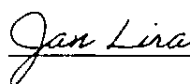
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Donald Watros	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 5000 T-Rex Avenue, Suite 100	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Boca Raton, FL, 33431	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other President/CEO	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Jan Lira

Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHOES FOR CREWS NORTH AMERICA, 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 TWENTY-FIFTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHOES FOR CREWS NORTH AMERICA, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF MAY, A.D. 2024.



3777444 8300

SR# 20242966365

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203792735

Date: 06-25-24



Division of Corporations  
Registration Section Attn: Ariel Jones  
2415 North Monroe Street Suite 810  
Tallahassee, FL 32303

Dear Miss Jones

I am Howard Lynn, Tax Director for Shoes For Crews North America, LLC. ( Doc Number W24000108707) Jan Lira is our consultant who originally registered this company as a Domestic Florida company in mistake and quickly dissolved it as it is a Delaware Corporation. The original Doc Number was L24000298239. She quickly made the company inactive and refiled as a foreign Company. I was told that this registration was rejected as the name was already mistakenly used.

Please use this letter as our "Name Release Affidavit " Please release this name shoes For Crews North America, LLC so we may properly register the same name as a foreign Delaware Company.

Please let me know if you need any additional information. I can be reached as follows:

Telephone 914 260 0800

Email [howardl@shoesforcrews.com](mailto:howardl@shoesforcrews.com)

Address Shoes For Crews North America

5000 T-Rex Ave Suite 100

Boca Raton, FL 33431

Please look favorably upon our request

Thank You

Howard Lynn  
Tax Director