## P1600093682

(Re	questor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	<u>-</u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:





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11/22/16--01001--003 \*\*78.75

16 NOV 21 PH 3: 50

C. GOLDEN NOV 2 2 2016

**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CROSBY 2 SAM,	INC			
			<u>√</u>	Art of Inc. File
				LTD Partnership File
			 	Foreign Corp. File
			<u> </u>	L.C. File
				Fictitious Name File
			\	Trade/Service Mark
				Merger File
			<u> </u>	Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
			\ <del>\</del>	Certificate of Status
				Certificate of Fictitious Name
			ļ ——	Corp Record Search
				Officer Search
				Fictitious Search
Signature	· · · · · · · · · · · · · · · · · · ·			Fictitious Owner Search
				Vehicle Search
Beautage L				Driving Record
Requested by: BA	11/21/16		-	UCC 1 or 3 File
Name	Date	Time		UCC 11 Search UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	CKOSSY		INC	
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation an	d a check for:	
\$70.00	\$78.75	<b>□ \$</b> 78.75	<b>□</b> \$87.50	
Filing Fee	Finng Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO		
	Peter Williams 695 Washington St New York, NY 10014	ta WW	1 A-10	
FROM:	Name (	TER WILL) (Printed or typed)	ATMS	
		TING TON S		
	A	ddress /		
	NYC N	10014 tate & Zip		
	• • • • • • • • • • • • • • • • • • • •			
	212-69/ Daytime Tel	2300		
	Peterpaw@a	ephone number		
<del></del>	E-mail address: (to be used		otification)	
			,	

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

16 FBY 21 FT 1: 21

he name of the corpora	ation shall be: <u>CROSBY</u> 2	SAM, INC
RTICLE II PRIN	CIPAL OFFICE Principal street address	Mailing address, if different is:
KEY WES	CAN ST FL 33040	Peter Williams 695 Washington St New York, NY 10014
RTICLE III PURP he purpose for which t	DSE he corporation is organized is:	PAL ESPATÉ
RTICLE IV SHARI ne number of shares of	SS Stock is: 200 (NO PAR	VALUE
ne number of shares of	L OFFICERS AND/OR DIRECTORS	✓
ne number of shares of	LOFFICERS AND/OR DIRECTORS : PETER WILLIAMS PRESIDE  1331 DUNCAN S	Name and Title:
RTICLE V INITIA  Name and Title	LOFFICERS AND/OR DIRECTORS : PETER WILLIAMS PRESIDS	Name and Title:
ne number of shares of  RTICLE V INITIA  Name and Title  Address	LOFFICERS AND/OR DIRECTORS  PETER WILLIAMS PRESIDE  1331 DUNCAN SI  KEY MEST FL  33040	Name and Title:
Name and Title  Address	LOFFICERS AND/OR DIRECTORS  PETER WILLIAMS PRESIDE  1331 DUNCAN SI  KEY MEST FL  33040	Name and Title:  Address:  Name and Title:
Name and Title:	LOFFICERS AND/OR DIRECTORS  PETER WILLIAMS PRESIDE  1331 DUNCAN SI  KEY WAST FL  33040	Name and Title:  Address:  Name and Title:  Address:
Name and Title: Address	LOFFICERS AND/OR DIRECTORS  PETER WILLIAMS PRESIDE  1331 DUNCAN ST  KEY WAST FL  33040	Name and Title:  Address:  Name and Title:  Address:

Name and Ti	tle:	Name and Title:	
Address		Address:	
ARTICLE VI REG	SISTERED AGENT a street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	PETER WILLIAMS	_	
Address:	1331 DUNGAN S	-	
_	KEY MEST FL 3304	עַ	<b>.</b>
ARTICLE VII INC	ORPORATOR		2 2
The name and addres	s of the Incorporator is:		· · · · · · · · · · · · · · · · ·
Name:	PETER WILLIAMS	<del>-</del>	
Address:	1331 DUNCAN S	-	(N)
	Key WEST, FL 3309	<del>(</del> o	
ARTICLE VIII EFF Effective date, if other (If an effective date is filing.)	ECTIVE DATE: than the date of filing: slisted, the date must be specific and canno	. (OPTIONAL) t be more than five days prior or	90 days after the
	ted in this block does not meet the applicable we date on the Department of State's records.	statutory filing requirements, this d	late will not be listed as
Having been named a this certificate, I am Ja	registered agent to accept service of process	for the above stated corporation a distered agent and agree to act in th	t the place designated in is suparity
	Paralled Simulation Projects		1/2/16
document to the Berlo	Required Signature/Registered Agent  and affirm that the facts stated herein are  tment of State constitutes a third degree felon  gnature/Incorporator	true. I am aware that the false inf y as provided for in s.817.155, F.S.	Pale Formation submitted in a Date