

F1400000 2627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

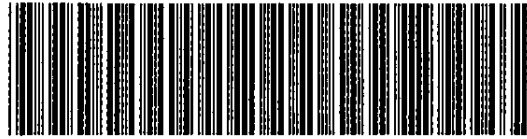
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DIVISION OF CORPORATIONS
JUN 13 AM 9:51

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Barbara Crane Associates, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Barbara Crane

Name of Person

Barbara Crane Associates, Inc.

Firm/Company

6799 Collins Avenue, Apt PH06

Address

Miami Beach, FL 33141

City/State and Zip code

cranebar@gmail.com

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

For further information concerning this matter, please call:

Barbara Crane

Name of Person

at (202) 359-6615

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. BARBARA CRANE ASSOCIATES, INC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

n/a

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. District of Columbia

3. 52-2258267

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 08-10-2000

5. n/a

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

6. 01-01-2014

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6799 Collins Ave, Apt PH06 Miami Beach, FL 33141

(Principal office address)

6799 Collins Ave, Apt PH06 Miami Beach, FL 33141

(Current mailing address)

8. To conduct travel agent services in the state of Florida

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Barbara Crane

Office Address: 6799 Collins Ave, Apt PH06

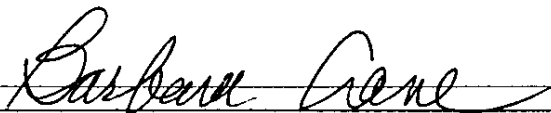
Miami Beach, Florida 33141

(City)

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

14 JUN 13 AM 9:51

SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Barbara Crane
Address: 6799 Collins Ave, Apt PH06 Miami Beach, FL 33141

Vice Chairman: Barbara Crane
Address: 6799 Collins Ave, Apt PH06 Miami Beach, FL 33141

Director: Barbara Crane
Address: 6799 Collins Ave, Apt PH06 Miami Beach, FL 33141

Director: _____
Address: _____

B. OFFICERS

President: Barbara Crane
Address: 6799 Collins Ave, Apt PH06 Miami Beach, FL 33141

Vice President: Barbara Crane
Address: 6799 Collins Ave, Apt PH06 Miami Beach, FL 33141

Secretary: Barbara Crane
Address: 6799 Collins Ave, Apt PH06 Miami Beach, FL 33141

Treasurer: Barbara Crane
Address: 6799 Collins Ave, Apt PH06 Miami Beach, FL 33141

STATE OF FLORIDA
DIVISION OF PROFESSIONAL REGULATION
JUN 13 AM 9:51

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Barbara Crane
(Typed or printed name and capacity of person signing application)

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CORPORATIONS DIVISION



C E R T I F I C A T E

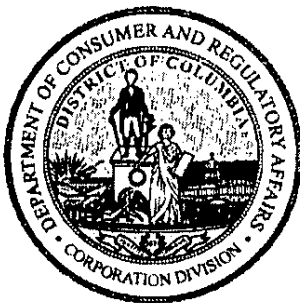
THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this **CERTIFICATE OF GOOD STANDING** is hereby issued to

BARBARA CRANE ASSOCIATES INC.

WE FURTHER CERTIFY that the domestic filing entity is formed under the law of the District on 8/10/2000; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 6/5/2014 10:38 AM

Business and Professional Licensing Administration



A handwritten signature in cursive script that reads 'Patricia E. Grays'.

PATRICIA E. GRAYS
Superintendent of Corporations
Corporations Division

Vincent C. Gray
Mayor

Tracking #: IVXNiklQ