Filing Fee: \$150.00



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

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## **APPLICATION FOR REGISTRATION**

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

Crystal Cruises, LLC

This company has been duly organized in its state of formation as a low-profit limited liability company. (Check box if applicable)

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

3.	
4.	The date of its organization is4/23/2015
5.	The period of duration of the limited liability company is (if perpetual, so state)
6.	The address of the limited liability company's resident agent in Rhode Island is:
	222 Jefferson Boulevard, Swite 200 Warwick, RI 02888
	(Street Address, <u>not</u> P.O. Box) (City/Town) (Zip Code)
	and the name of the resident agent at such address is United Corporate Services, Inc. (Name of Agent)
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- 7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.
- 8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

Boulevord, Suite 900 Los Angeles, CA 90025 755 Wilshire

9. The mailing address for the limited liability company is:

755 Wilshire Bouleva uite 900 Los Angeles, CA 90025

<u>nct 132015</u>

- 10. Management of the Limited Liability Company (check one only):
  - A. The limited liability company is to be managed by its members. (If you have checked this box, go to item No. 11 DO NOT LIST ANY NAMES IN SECTION B.)

<u>or</u>

B. The limited liability company is to be managed by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)

Address Manager 110-00 Rockaway Blvd. Jamaica, NY,1420 11755 Wilshire Boulward Suite 900 LA nez 11755 Wildine Blvd. Suite goo LA. 12 loum omas

- 11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.
- 12. The date this Application for Registration is to become effective, if later than the date of filing, is:

immediately

(not prior 6, nor more than 30 days after, the filing of this Application for Registration)

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, of that all statem and there are the and write the and write the statem of the stat

Date:

Foire Kodnzueg Print Exact Name of Limited Liability Company Making Application

nature of Autho

# State of California Secretary of State

#### **CERTIFICATE OF STATUS**

ENTITY NAME: CRYSTAL CRUISES, LLC

FILE NUMBER: FORMATION DATE: TYPE: JURISDICTION: STATUS: 201511310177 04/23/2015 DOMESTIC LIMITED LIABILITY COMPANY CALIFORNIA ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.





**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of September 14, 2015.

ALEX PADILLA Secretary of State



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

## I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

## and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

