F08000004821

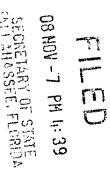
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



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At

COVER LETTER

PO: New Filing Section Division of Corporations			
SUBJECT: CROWN Swellmfo. (Name of corpor	ration - must include suffix)	iog Gep.	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted to transact business in Florida.			
Please return all correspondence concerning this ma	atter to the following:		
Herb Collins			
(Nam	e of Person)		
CROWN JEWEL HADETE	rs		
(Firm	/Company)		
CROWN JEWEL 147027e (Firm 140 SYLVAN ALENNE			
' (A	Address)		
ENGLEWOOD CLIFFS, N. (City/St.	07632		
(City/St	ate and Zip code)		
For further information concerning this matter, plea	ase call:		
Herb couns at (20 (Name of Person)	1 461-3900		
(Name of Person) (As	rea Code & Daytime Teleph	one Number)	
STREET/COURIER ADDRESS: New Filing Section MAILING ADDRESS: New Filing Section			
Division of Corporations Division of Corporations			
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314		
Tallahassee, FL 32301	rananassee, r	L 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. CROW	N JEWEL IMPO	RTERS - MARK	eting Car	Ρ		
	corporation; must include "IN Corp," "Inc," "Co," or "Corp.		MPANY," "CORP	ORATION	"	-
		,				
	lable in Florida, enter alterna	te corporate name adopte	ed for the purpose of	transacting	g business in Flo	rida)
	JERSEY	3	22-240	71941	4	
	under the law of which it is	incorporated)	(FEI numl	per, if appli	cable)	
		5	PERDE	TUAL		
(Dat	e of incorporation)	(Dur	ation: Year corp. w	ill cease to	exist or "perpetu	ıal")
6	N/A	nsacted business in Flori	do if miles to registe	ntion)		
		607.1501 & 607.1502, F.			ty)	
7. 140	SYLVAN AVE	ENGLEWOOD	CLIFFS .	N1 .	07632	
	(P	rincipal office address)				
		SAhe				
	(C	urrent mailing address)				
8.	SAIF OF	C WINE + Sp	wits		ခ်ိတ ဝ	
	(s) of corporation authorized	in home state or country	to be carried out in s	tate of Flor	rida) Co	
9. Name and stre	et address of Florida regis	tered agent: (P.O. Box	NOT acceptable		蜀气	egiste programme organisation for the
Name:	VICTOR M.	ROBLEDO			7 PI	m
Office Address:		IEBLEAU BLVD	BUILDING 10#	511	PN 4:	O
	HIAHI				39 DRIDS	
	(City	·)	, Florida <u>3317</u> (Zip co			
10 Registered a	igent's acceptance:					
Having been nan	ned as registered agent an	d to accept service of	process for the ab	ove stated	d corporation a	it the place
designated in thi	s application. I hereby accomply with/the provision	cept the appointment a	is registered agen	t and agre	ee to act in this	capacity.
duties, and I am	familiar with and accept i	the obligations of my p	position as registe.	red agent.		. oj my
	//////	. 0			/ /	/
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	led		10/	21/0	1
_	(Re	gistered agent's signatur	e)		t	

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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: HERB COLLINS ENGLEWOOD NT. 07631 Vice Chairman: ___ Address: Director: _____ Address: Director: Address: ______ **B. OFFICERS** President: HERB COLLINS Address: 12 OLD QUARRY Rd FUGLEWOOD, N.J 07631 Vice President: Address: Address: _____ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. gnature of Director or Officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

CROWN JEWEL IMPORTERS MARKETING CORPECRETARY OF STATE

0100182613

With the Previous or Alternate Name

CROWN JEWEL IMPORTERS (Alternate Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on November 30, 1982.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

2007

I further certify that the registered agent and registered office are:

Herbert Collins 12 Old Quarry Rd Englewood, NJ 07601



Certification# 112839161

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 20th day of October, 2008

R. David Rousseau State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp