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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ ·Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2009 NOV 20 PM 4: 30
SECRETARY OF STATE
TAULAHASSEE, FI ORIGINA

T. Buildh NOV 23 2009

COVER LETTER

TO:	New Filing Section Division of Corporations					
SUBJ	ECT: Crown Retail Service	es, Inc) .			
				must inc	lude suffix	
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreign Co ficate of Existence," or "Certificate nced foreign corporation to transact	of Good S	Standi	ng"and c		
Please	return all correspondence concerni	ng this ma	atter to	o the foll	owing:	
	And	lrew H. I	Pruss	sack, Es	sq.	
***************************************		Name	e of Pe	rson		
	Holt Ney	Zatcoff	& Wa	asserm	an, LLP	
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	ap	orussack	k@hr	nzw.cor	n	. ,
	E-mail address	: (to be us	sed for	r future a	innual report	notification)
For fu	rther information concerning this m	atter, plea	ase cal	11:		
Kare	n Morales	at (7 0	չ 661-1	226	
	Name of Person					none Number
	STREET/COURIER ADDRESS New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			•	MAILING A New Filing S Division of C P.O. Box 632 Tallahassee, I	ection Corporations 7
_	sed is a check for the following amount of the control of the cont	g Fee &			Filing Fee & ed CopCe	\$87.50 Filing Fee, rtificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 13, 2009

ANDREW H PRUSSACK ESQ 100 GALLERIA PKWY STE 600 ATA=LANTA, GA 30339

SUBJECT: CROWN RETAIL SERVICESS, INC.

Ref. Number: W09000050246

We have received your document for CROWN RETAIL SERVICESS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 009A00035530

- FEI Number completed on Application
Form
- Certificate of Existence from Georgia
Secretary of State enclosed.
11/19/09

Division of Comparations D.O. DOV 6297 Wellahassas Florida 20214

OS NOV 20 PM 1:41

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

		TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.	ALL AH
L Crown Retail	Services, Inc.		ASS
(Enter name of co	rporation; must include "INCORPORATED rp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	TE, FLO
(If name unavailab	hie in Florida enter alternate cornorate name	adopted for the purpose of transacting business in Florida	
		adopted for the purpose of transacting business in Fiorida	.,
2. Georgia	3.	20-1913685	
(State or country u	nder the law of which it is incorporated)	(FEI number, if applicable)	
4. 11/29/2004		perpetual	
(Date o	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6.			
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7, 135 Maple Str	eet, Suite 200, Gainesville, Georg	ia 30501	
· · · · · · · · · · · · · · · · · · ·	(Principal office add		
135 Maple Str	reet, Suite 200, Gainesville, Georg	ria 30501	
	(Current mailing add		_
	•	,	
8. General retai	il and hospitality construction serv	ices	
(Purpose(s)	of corporation authorized in home state or c	ountry to be carried out in state of Florida)	_
9. Name and street	address of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	CT Corporation System		
Office Address:	1200 South Pine Island Road	·	
	Plantation	, Florida 33324	
	(City)	(Zip code)	
designated in this a	d as registered agent and to accept serv application, I hereby accept the appoint	ice of process for the above stated corporation at the ment as registered agent and agree to act in this cap relative to the proper and complete performance of t	acity. I

and I am familiar with and accept the obligations of my position as registered agent.

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.

Ternell Kearnev Asst. Secretary

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

A. DIRECTORS Director:	_	
Chairman: Donnie Johnston	<u> </u>	- 2009
Address: 135 Maple Street, Suite 200	C A	AON SE
Gainesville, Georgia 30501	IAS.	
Director: Vice Chairman: Donald Bloom	E C	2 0
Address: 135 Maple Street, Suite 200	ST.	- F
Gainesville, Georgia 30501	A A	ፉ: 3(
Director: Derrick Bloom		_
Address: 135 Maple Street, Suite 200		
Gainesville, Georgia 30501		_
Director: Darrel Chaney		
Address: 135 Maple Street, Suite 200		-
Gainesville, Georgia 30501		-
B. OFFICERS		
President: Donnie Johnston		_
Address: 135 Maple Street, Suite 200		_
Gainesville, Georgia 30501	-	
CEO Vice President: Donald Bloom		
Address: 135 Maple Street, Suite 200		_
Gainesville, Georgia 30501		_
Secretary: Darrel Chaney		***
Address: 135 Maple Street, Suite 200, Gainesville, Georgia 30501		_
Treasurer: Donald Bloom		
Address: 135 Maple Street, Suite 200, Gainesville, Georgia 30501		_
NOTE: If necessary you may attach an addendum to the application listing additional officers and/or di	rectors.	
13. (Signature of Director or Officer listed in number 12 of the application)		_
D 11 D1 D1		
(Typed or printed name and capacity of person signing application)		_

Control No. 0470582

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

CROWN RETAIL SERVICES, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 11/29/2004 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 19th day of November, 2009

Karen C Handel Secretary of State

Faren C. Handel

Certification Number: 4699308-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp