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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023 Phone

: (850)205-8842

Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATIO

Crowley National, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

APR 0 7 2016

J. BRUCE

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Help

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CROWLEY NATI	ONAL, INC.
Name of corporation - mu	st include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Auth "Certificate of Existence," or "Certificate of Good Standing above referenced foreign corporation to transact business in	and check are submitted to register the
Please return all correspondence concerning this matter to th	ie following:
Patrick Crowley	
Name of Person	on
Crowley National, Inc	
Firm/Company	
Patrick Crowley	
Address	
95 Frenchtown Rd Ste 400, East Greenwich, RI -	02818-1802
City/State and Zi	p code
E-mail address: (to be used for fu	ture annual report notification)
For further information concerning this matter, please call:	TALEC IN MARKET
Name of Person Area Code	David Market 19
Name of Ferson Area Code	MAILING ADDRESS Registration Section
STREET/COURIER ADDRESS:	MAILING ADDRESS
Registration Section Division of Corporations	Registration Section Series Se
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
	3.75 Filing Fee & Tiffed Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

ARE 3. er the law of which it is incorporated) Corporation (Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 (Princip (Current mailin	(PEI number, if (Date of duration, if oth Florida, if prior to registration) 02, F.S., to determine penalty liab	applicable) or than perpetual) pility)
(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	(Date of duration, if oth Florida, if prior to registration) 02, F.S., to determine penalty liab # You E, Grant al office address)	er than perpetual)
(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liab ### 100	oility)
(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liab ### 100	oility)
(SEE SECTIONS 607.1501 & 607.15 REWCHTEUM) (Princip	02, F.S., to determine penalty liab	·
Corporation System	D. Box <u>NOT</u> acceptable)	2016 APR -6 A SECRETARY OF
		ARY O
antation	, Florida	
acceptance: registered agent and to accept service ication, I hereby accept the appointn y with the provisions of all statutes re	ce of process for the above sta nent as registered agent and a elative to the proper and comp	gree to act in this capacity. olete performance of my
	antation (City) acceptance: s registered agent and to accept servilication, I hereby accept the appointnly with the provisions of all statutes reiar with and accept the obligations of	200 South Pine Island Road [City] [C

^{10.} 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.

4/6/2016 2:04:26 PM From: To: 8506176383(4/5) 11. Names and business addresses of officers and/or directors: A. DIRECTORS PATTELCH Chairman: __ RONCHTON ZD GREENWICH TEXT 02818 Vice Chairman: Address: Director: Address: _____ Director: _____ Address: B. OFFICERS President: PATRICE CROWLEY FRENEHTENN RD #400 GREENWEH RI 02818 Vice President: Address: Secretary: _ \triangleright Address: ___ Treasurer: Address: NOTE: If necessary, you may attach an ordendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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.

(Typed or printed name and capacity of person signing application)

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CROWLEY NATIONAL, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

4341746 8300

SR# 20161529784

Authentication: 201943787

Date: 03-07-16