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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT: CROXEL, INC.					
	Name of	fcorporatio	n - mus	st include suffix		
Dear S	ir or Madam:					
"Certi	iclosed "Application by Foreign Corficate of Existence," or "Certificate or referenced foreign corporation to tra	of Good Sta	ınding"	and check are sub		
Please	return all correspondence concerning	g this matte	er to the	e following:		
Wil	liam Chester Neeley					
	•	Name of	f Person	n		
CR	OXEL, INC.					
	, <u>-</u>	Firm/Co	mpany			
700	N. Wickham Rd, Suit	te 105				
	•	Add	ress			
Me	bourne, FL 32935					
		City/State	and Zip	o code	YHV 1337	77
cor	ntact@croxel.com				AR	Fr. 29
-	E-mail address:	(to be used	for fut	ture annual report n	otification)	D [
For fu	rther information concerning this ma	atter, please	call:		STAT LORI	A 11: 27
Wil	iam Chester Neeley	at (321)	863-7798	Om P	آساً
	Name of Person	Area Co	de	Daytime Telepl	none Number	_
	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	:		MAILING AN Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	
Enclos	sed is a check for the following amount	unt:		•		
□ \$7	0.00 Filing Fee X \$78.75 Filing Certificate of			.75 Filing Fee & tified Copy	Sertificate Certified C	of Status &

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.

81-1685750 (FEI number, if applicable)	
(FEI number, if applicable)	
(FEI number, if applicable)	
(Date of duration, if other than perpetual)	
(Date of duration, if other than perpetual)	
Florida, if prior to registration) 2, F.S., to determine penalty liability)	
elbourne, FL 32935	
l office address)	
Box NOT acceptable) Box NOT acceptable)	
, Florida 32935 \\ \rightarrow \righta	
(Zip code)	

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: **Director: William Chester Neeley** Address: 700 N. Wickham Rd, Suite 105 Melbourne, FL 32935 **B. OFFICERS** President: ____ Address: _____ Vice President: Address: __ Secretary: _ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Defrector 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. 13. _____

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

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CROXEL, 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 TWENTIETH DAY OF DECEMBER, A.D. 2016.

THE PARTY AND TH

Authentication: 203554694

Date: 12-20-16

5974819 8300 SR# 20167159003