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SUBJEC	Crowley	Micrographics dba	The Crowley C	ompany		
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Dear Sir or	r Madam:					
"Certificate	e of Existend		e of Good Stai	nding" ar	id check are sub	ct Business in Florida," omitted to register the
•		pondence concerr les/Marketing	ning this matte	r to the fo	ollowing:	
			Name of	Person		
The Crowle	y Company					
	 		Firm/Con	pany		
5111 Pegas	us Court, Suit	е М				
Frederick, N	MD 21704		Addr	ess		
mattm@the	crowleycomp	any.com	City/State a	nd Zip co	ode	
		E-mail addres	s: (to be used	for future	annual report n	otification)
For further	information	concerning this r	natter, please o	call:		
Matthew M	cCabe		240 at (215-0	224	
Na	me of Perso	n	Area Cod	/ e	Daytime Telepl	none Number
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□ \$70.00 l		\$78.75 Filin	ıg Fee & □		Filing Fee & ed Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 2, 2017

MATTHEW MCCABE, VP SALES/MARKETING THE CROWLEY COMPANY 5111 PEGASUS COURT, SUITE M FREDERICK, MD 21704

SUBJECT: CROWLEY MICROGRAPHICS

Ref. Number: W17000046938

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

The name "CROWLEY MICROGRAPHICS" is available for use in the State of Florida. If this is the name of your corporation this is the name that must appear in #1. of the application. It must contain a corporate suffix. You must remove the "D/B/A name" from #1. If you would like to file a D/B/A, you would need to file a fictitious name registration once the corporation is registered with our office.

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.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6051.

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

Letter Number: 217A00011158



June 15, 2017

Nanette Causseaux Regulatory Specialist II Supervisor Florida Department of State **Division of Corporations** PO Box 6327 Tallahassee, FL 32314



SUBJECT: Crowley Micrographics Ref # W17000046938

Thank you for your correspondence dated June 2, 2017 referencing our Application by Foreign Corporation for Authorization to Transact Business in Florida. We have corrected our application and removed the "DBA" reference and request that our re-submitted application be processed as Crowley Micrographics, Inc.

Regards,

Pat Crowley

Vice President, Crowley Micrographics, Inc.











FLORIDA DEPARTMENT OF STATE Division of Corporations

June 20, 2017

MATTHEW MCCABE, VP SALES/MARKETING THE CROWLEY COMPANY 5111 PEGASUS COURT, SUITE M FREDERICK, MD 21704

SUBJECT: CROWLEY MICROGRAPHICS

Ref. Number: W17000046938

We have received your document for CROWLEY MICROGRAPHICS and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

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 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) 245-6051.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 317A00012483



Crowley Micrographics - 5111 Pegasus Court, Suite M - Frederick, MD 21704 - Telephone (240) 215-0224

June 27, 2017

Nanette Causseaux Regulatory Specialist II Supervisor Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Subject: Crowley Micrographics Ref W17000046938

Thank you for calling to our attention the error on our Application regarding the 1981 date error for when we we first transacted business in Florida. An error was made on the application for the date of first use in Florida. Our first date for transacting business in Florida will be "UPON QUALIFICATION."

Sincerely,

Dave Westcott

Crowley Micrographics

Daniel H. Westert

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(State or country under the law of which it is incorporated) 2.	(Enter name of co	rporation; must include "INCORPORATED, rp," "Inc," "Co," or "Corp."}	S TOC. ""COMPANY," "CORPORATION,"	Prof at the seconds.
4. (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. SIII PEGES OF Florida registered agent: (P.O. Box NOT acceptable) Name: (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: (City) 1201 Hays Street (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and undurere to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my	(If name unavaila	ole in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flo	orida)
4. (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. SIII PEGES OF Florida registered agent: (P.O. Box NOT acceptable) Name: (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: (City) 1201 Hays Street (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and undurere to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my	2	Maryland 3.	52-1172395	Annual Control
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. SIII PEGASUS CF FICURIAL DD 24704 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company Office Address: Tallahassee Tallahassee , Florida (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. SIII PEGASUS (F FICURAL DD 24704 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company Name: Tallahassee Tallahassee , Florida (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my	4. (Date		(Date of duration, if other than perpetual)	THE PARTY OF THE P
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. SII Plyisus (**) Francisco (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company Name: 1201 Hays Street (City) Florida (City) Florida (City) (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my	6			
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company Office Address: Taltahassee (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and ugree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my	<u></u> ,	(Date first transacted business i	in Florida, if prior to registration)	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company	75			
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my		. (Current maili	ing address, if different)	
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designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my		(City)	(Zip code)	T R
	0 Registered ages	d as registered agent and to accept serv application, I hereby accept the appoint	ment as registered agent and agree to act in thi relative to the proper and complete performanc	s capacity. I
Corporation Service Company By: Carrie Pugh Asst Vice President	Having been name designated in this i further agree to co		of my position as registered agent.	
(Registered/agent's signature)	Having been name designated in this i further agree to co duties, and I am fa	emiliar with and accept the obligations of opporation Service Company	Carrie Pugl	

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: NiA Vice Chairman: Director: Director: ___ B. OFFICERS President: Christopher Crowley ma 2/704 Vice President: mo 7/704 Secretary: __ Address: ___ . NOTE: If necessary, you may attach an addendum 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)

STATE OF MARYLAND Department of Assessments and Taxation

I. MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CROWLEY MICROGRAPHICS, INC. (D01112929), INCORPORATED FEBRUARY 13, 1980, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 25, 2017.

Acting Director

2017 JUN 27 PM 1: 33

2017 JUN 27 PM 1: 22

301 West Preston Street, Bultimore, Maryland 21201
Telephone Balto, Metro (410) 767-1340 / Outside Balto, Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice