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(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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#### **COVER LETTER**

TO: Registration Section Division of Corporation	ons			
Crown World, in SUBJECT:	nc.			
SOBJECT:	Name of corporat	ion - must	include suffix	
Dear Sir or Madam:				
The enclosed "Application by "Certificate of Existence," or above referenced foreign corp	"Certificate of Good S	tanding" a	nd check are subm	
Please return all corresponder Gary Pritchard	ice concerning this ma	tter to the I	following:	
	Name	of Person	· -	
Crown World, Inc.				
	Firm/C	ompany		
4141 MacArthur Blvd				
	Ad	ldress		
Newport Beach, CA 92660				
	City/Stat	e and Zip o	ode	
gary.pritchard@glidewelldental.				
E-1	nail address: (to be use	ed for futur	e annual report no	otification)
For further information conce	rning this matter, pleas	se call:		
Marc Goldin	949	440-	440-2773	
Name of Person	at ( Area C	Code	Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the fo	llowing amount:			
	678.75 Filing Fee & Certificate of Status		5 Filing Fee & ied 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.

CROWN WORI			<u> </u>		
	orporation; must include "INCORPORATED orp." "Inc." "Co." or "Corp.")	)," "C(	OMPANY," "CORPORATION,"		
(If name unavaila	ible in Florida, enter alternate corporate nam	e adop	ed for the purpose of transacting busin	ess in Florid	<u>a)</u>
California		47-4769775			
			(FEI number, if applicable		<del></del>
	of incorporation)	··	(Date of duration, if other than perpetual)		
5					
8880 NW 20th St	(Date first transacted business (SEE SECTIONS 607.1501 & 607. reet, Suite C, Doral, FL 33172				
		rinal of	fice address)		
4141 MacArthur	Blvd. Newport Beach, CA 92660	,,,			
	(Current mai	ling ad	dress, if different)		
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (F	P.O. Be	ox <u>NOT</u> acceptable)	18 JAN -5	SECKE IAK
Office Address:	1200 South Pine Island Road			골	ORPO
	Plantation		33324 , Florida	£.	RATIO
	(City)		(Zip code)	σ•	70

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

-in	Mike Jones, Assistant Secretary
	(Registered agent's signature)

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 James R. Glidewell Chairman: 4141 MacArthur Blvd, Newport Beach, CA 92660 Address: \_ Vice Chairman: Address: B. OFFICERS James R. Glidewell President: 4141 MacArthur Blvd, Newport Beach, CA 92660 Address: \_ Vice President: Gary Pritchard Secretary: 4141 MacArthur Blvd, Newport Beach, CA 92660 Address: Glenn Sasaki Treasurer: 4141 MacArthur Blvd, Newport Beach, CA 92660 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)

Gary Pritchard, Secretary

### State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CROWN WORLD, INC.

FILE NUMBER:

C3814263

FORMATION DATE:

08/06/2015

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 28, 2017.

ALEX PADILLA
Secretary of State