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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : VCORP SERVICES, LLC Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:



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 CELL INC 1.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

	33333.	(FEI number, if applicabl				
(State or country	State or country under the law of which it is incorporated) (FEI number, if applicable					
01/30/2014	5					
(Date	of incorporation)	(Date of duration, if other than pe	er than perpetual)			
	(Date first transacted business in F	(lorida if prior to registration)				
	(SEE SECTIONS 607.1501 & 607.1502					
2388 NW 150th S	ST., Opa Locka, FL 33054			OCT		
		office address)		=		
	(rnncipai	office address)		7		
			<u>₽</u>			
	(Current mailing	address, if different)	\sim	NH IO:		
				÷		
Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)		03		
-	Tzvi Spalter					
Name:						
~	2388 NW 150th ST.					
fice Address:		33054				
	Opa Locka	, Florida				
	(City)	(Zip code)				

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.

(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. DIRE	CTORS			
Chairman:				
Address:				
-				
Vice Chair	man:		<u> </u>	
Address:				v 4,
	Tzvi Spałter			
	7398 NW 21st Street Hollywood, FL 33024			
	Isser Bojarski			
	918 Eastern Parkway Brooklyn, NY 11213			
		<u> </u>		
B. OFF	ICERS Tzvi Spalter	2 A 2 D	1 10	
	7398 NW 21st Street Hollywood, FL 33024	<u> </u>		· · · · · · · · · · · · · · · · · · ·
AUU 133.				-17
Vice Pres	Isser Bojarski ident:		ō	Ţ.
Address:	918 Eastern Parkway Brooklyn, NY 11213		<u>0</u>	
Secretary				
Address:				
Treasurer			_	<u>_</u>
Address:				
	If necessary, you may attach an addendum to the application listing additional officers and			
12	Tai Spaller Signature of Director or Officer		_	
The offic are true	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a document to the Departm egree felony as provided for in s.817.155, F.S.	the facts	stated I	nerein stitutes
13	Tzvi Spalter, President (Typed or printed name and capacity of person signing application)			·····
	(Typed or printed name and capacity of person signing application)			

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CROWN CELL INC was filed on 01/30/2014, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 10/15/2018.

I further certify that no other documents have been filed by such corporation.

. . .



Witness my hand and the official seal of the Department of State at the City of Albany, this 16th day of October two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

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