

F19000001816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

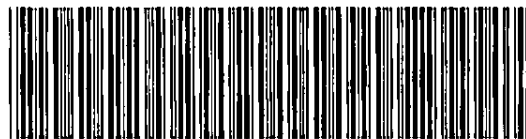
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W18-84184

Sign & R.A. Sign

Office Use Only



500318259095

09/17/18--01026--006 **87.50

FILED
19 APR 10 PM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALLY
APR 12 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2018

TAYLOR B. COLLINS
CROWN PARRISH MANAGEMENT INC.
314 CLEMATIS ST, STE. 200
WEST PALM BEACH, FL 33401

SUBJECT: CROWN PARRISH MANAGEMENT INC.
Ref. Number: W18000084184

We have received your document for CROWN PARRISH MANAGEMENT INC. 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 registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 818A00019590



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2019

TAYLOR B. COLLINS
CROWN PARRISH MANAGEMENT INC.
314 CLEMATIS ST, STE. 200
WEST PALM BEACH, FL 33401

SUBJECT: CROWN PARRISH MANAGEMENT INC.
Ref. Number: W18000084184

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

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 019A00006293



TWO ROADS

REAL ESTATE GROUP

Janine Cabaj, Vice President of Operations
(321) 356-5964 | jcabaj@tworoadsre.com

314 Clematis Street, Suite 200
West Palm Beach, Florida 33401

April 5, 2019

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

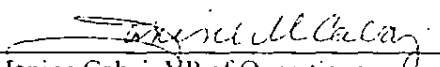
Ref: W18000084184
Crown Parrish Management Inc.
Foreign Entity Registration

Dear Ms. Saly:

Enclosed please find a Certificate of Good Standing from the state of Delaware for Crown Parrish Management Inc. dated 4/01/19 and your letter requesting this document. Please let us know if additional information is required to complete this application. Thank you for your time.

Sincere thanks,

TWO ROADS DEVELOPMENT LLC

By: 
Janine Cabaj, VP of Operations

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations
Crown Parrish Management Inc.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Taylor B. Collins

_____	Name of Person
Crown Parrish Management Inc.	
_____	Firm/Company
314 Clematis St. Ste. 200	
_____	Address
West Palm Beach FL 33401	
_____	City/State and Zip code
tcollins@tworoadsre.com	

E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Taylor B. Collins	561	309-5353
_____	at (_____) _____	
Name of Person	Area Code	Daytime Telephone 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 following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified 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 Parrish Management Inc.

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Delaware 81-1389921

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
January 7, 2016

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
314 Clematis St. Ste. 200, West Palm Beach, FL 33401

7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Term Management LLC

Name: _____

314 Clematis St. Ste. 200

Office Address: _____

West Palm Beach

33401

_____, 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.*

DANIEL G. HAYES, Manager

Daniel G. Hayes

(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.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Taylor B. Collins

Chairman: _____
314 Clematis St. Ste. 200

Address: _____
West Palm Beach FL 33401

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Taylor B. Collins

President: _____
314 Clematis St. Ste. 200, West Palm Beach FL 33401

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

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.

13. Taylor B. Collins - President

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

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CROWN PARRISH MANAGEMENT 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 FIRST DAY OF APRIL, A.D. 2019.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CROWN PARRISH MANAGEMENT INC." WAS INCORPORATED ON THE EIGHTH DAY OF JANUARY, A.D. 2016.

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

FILED
19 APR 10 PM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5931311 8300

SR# 20192441474

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202553845

Date: 04-01-19