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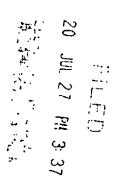
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 7/27 Received Cert
8/136
W2-63065

Office Use Only



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### **COVER LETTER**

TO:		on Section of Corporations							
SUBJ	ECT: Cro	weial, Inc.							
	-	<u> </u>	lame of corporation	on - must i	include suffix				_
Dear S	Sir or Mada	m:							
"Certi	ficate of Ex	istence," or "Cert		anding" ar	zation to Transact I nd check are submi orida.				
Please	return all c	orrespondence co	ncerning this matt	er to the f	ollowing:				
Matthe	w S. Michae	els							
			Name o	of Person					
Crowc	ial, Inc.								
			Firm/Co	ompany					
14630	Bull Run Rd	Apt 110							
	<del></del>		Add	dress					_
Miami	Lakes, FL 3	3014							
			City/State	and Zip c	ode				
geterov	wcial@gmail								
		E-mail a	ddress: (to be use	d for futur	e annual report not	ification)	)		
For fu	rther inform	nation concerning	this matter, please	e call:					
Dr. Matthew S. Michaels  at (352 Area Code)  Daytime Telephone Number									
	Name of	Person	Area Co	ode	Daytime Telepho	ne Numb	er	_	
	Registrati Division of The Central 2415 N. M	OCOURIER ADI on Section of Corporations re of Tallahassee Monroe Street, Su ee, FL 32303			MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations	And	20 JUL 27 PH	
		ck for the following					17 <u>*</u> +=	က က	
	make check ).00 Filing I	Fee 🛮 \$78.7:	DA DEPARTMEN 5 Filing Fee &	□ \$78.75	Filing Fee &		0 Filin	∼ g Fœ,	
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## 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.

Crowcial, Inc.						
(Enter name of c		D,	" "COMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate nar	ne	adopted for the purpose of transacting but	siness ir	Floric	la)
Delaware		85-0862395				
			(FEI number, if applicable)			
04/27/2020		5.				
		٠.	(Date of duration, if other than perpetual			
14630 Bull Run I	(SEE SECTIONS 607.1501 & 607					
		offi	ce street address)			
	(Current ma	ilin	g address, if different)			
				1-12	20	
Name and street	et address of Florida registered agent: (	P.C	D. Box <u>NOT</u> acceptable)	Ţ.	بے	
Name:	Matthew S. Michaels			1	~	
ffice Address:	ce Address: 14630 Bull Run Rd Apt 110			;·,	7 P3	
	Miami Lakes		Florida 33014			ب
	(City)		(Zip code)		37	
	(Enter name of c "Inc" "Co" "Co" "Co"  (If name unavail Delaware (State or countr 04/27/2020  (Date  14630 Bull Run I	(Enter name of corporation; must include "INCORPORATE" "Inc.," "Co.," "Corp." "Inc.," "Co." or "Corp.")  (If name unavailable in Florida, enter alternate corporate nar Delaware  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date first transacted busines (SEE SECTIONS 607.1501 & 607.1501	(Enter name of corporation; must include "INCORPORATED," "Inc.," "Co.," "Corp." "Inc.," "Co." or "Corp.")  (If name unavailable in Florida, enter alternate corporate name Delaware  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date first transacted business in (SEE SECTIONS 607.1501 & 607.1514630 Bull Run Rd Apt 110 Miami Lakes, FL 33014  (Principal offities)  (Current mailing)  Name and street address of Florida registered agent: (P.C.)  Name:  Matthew S. Michaels  14630 Bull Run Rd Apt 110  Miami Lakes	(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 but Delaware  3. 85-0862395  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than place of duration, if other than place of duration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  14630 Bull Run Rd Apt 110 Miami Lakes, FL 33014  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Matthew S. Michaels  14630 Bull Run Rd Apt 110  Miami Lakes  Florida 33014	(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 Delaware  3. 85-0862395  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetus of transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  14630 Bull Run Rd Apt 110 Miami Lakes, FL 33014  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Matthew S. Michaels  14630 Bull Run Rd Apt 110  Miami Lakes  Florida 33014	(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  3. 85-0862395  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  14630 Bull Run Rd Apt 110 Miami Lakes, FL 33014  (Principal office <u>street</u> address)  (Current mailing address, if different)  Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)  Name:  Matthew S. Michaels  14630 Bull Run Rd Apt 110  Miami Lakes  Florida  33014

#### 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.

A. DIRECTORS							
□Chairman	Name: Matthew S. Michaels	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	Miami Lakes, Florida 33014	Director					
President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	Secretary		□Treasurer			
□Other	Other	□Other		□Other			
□Chairman	Name: Peter S. Michaels  11017 Lost Lake Drive Apt 325	□Chairman					
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	Naples, Florida 34105	□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other	□Other	Other		□Other			
□Chairman	Catherine Dela Cruz	□Chairman	Name:	» 20 0			
□Vice Chairman	Address:	□Vice Chairman		<b></b>			
□Director	Miami, Florida 33132	□Director		* 27			
□President		□President		<b>3</b> 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
□Vice President		□Vice President		.* (o			
Secretary	☐ Treasurer	Secretary		□Treasurer			
□Other		Other		□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.							
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 of 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. Mathew S. Michaels, President
(Typed or printed name and capacity of person signing application)

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CROWCIAL, 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 TWENTY-FIRST DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CROWCIAL, INC."

WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2020.

Authentication: 203317231

Date: 07-21-20



June 22, 2020

MATTHEW S MICHAELS CROWCIAL, INC. 14630 BULL RUN RD APT 110 MIAMI LAKES, FL 33014 US

SUBJECT: CROWCIAL, INC. Ref. Number: W20000063065

We have received your document for CROWCIAL, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang
Regulatory Specialist II
7/21/20
Received Celt

Letter Number: 120A00012269