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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 06/09/2022

Acc#120160000072

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Name:	CROWN PRODUCTS & SERVICES INC.
Document #:	
Order #:	14373658

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ 678.75

Thank you!

**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.*

1. CROWN PRODUCTS & SERVICES, INC.
(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)

2. DE 3. 90-0883442
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/20/2012 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 3/21/2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 319 S. Gillette Ave. Suite 303, Gillette, WY 82716
(Principal office street address)

(Current mailing address, if different)

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


Name: CT Corporation System

Office Address: 1200 S. Pine Island Rd. #250

Plantation, Florida 33324
(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.



Stephanie Hencz, 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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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A. DIRECTORS

☐Chairman Name: See attached.

☐Vice Chairman Address: _____

☐Director _____

☐President _____

☐Vice President _____

☐Secretary ☐Treasurer

☐Other _____ ☐Other _____

☐Chairman Name: _____

☐Vice Chairman Address: _____

☐Director _____

☐President _____

☐Vice President _____

☐Secretary ☐Treasurer

☐Other _____ ☐Other _____

☐Chairman Name: _____

☐Vice Chairman Address: _____

☐Director _____

☐President _____

☐Vice President _____

☐Secretary ☐Treasurer

☐Other _____ ☐Other _____

☐Chairman Name: _____

☐Vice Chairman Address: _____

☐Director _____

☐President _____

☐Vice President _____

☐Secretary ☐Treasurer

☐Other _____ ☐Other _____

☐Chairman Name: _____

☐Vice Chairman Address: _____

☐Director _____

☐President _____

☐Vice President _____

☐Secretary ☐Treasurer

☐Other _____ ☐Other _____

☐Chairman Name: _____

☐Vice Chairman Address: _____

☐Director _____

☐President _____

☐Vice President _____

☐Secretary ☐Treasurer

☐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.

12. Robin Baker 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. Robin Baker, Vice President of Finance and Administration
(Typed or printed name and capacity of person signing application)

**Officers and Directors for
Crown Products & Services, Inc.**

Officers:

Doug Simmons
319 S. Gillette Ave. Suite 303
Gillette, WY 82716

Robin Baker
319 S. Gillette Ave. Suite 303
Gillette, WY 82716

Robert W. Shone
319 S. Gillette Ave. Suite 303
Gillette, WY 82716

Gary W. Moore
319 S. Gillette Ave. Suite 303
Gillette, WY 82716

William J. Finn
319 S. Gillette Ave. Suite 303
Gillette, WY 82716

Gregg E. Simmons
319 S. Gillette Ave. Suite 303
Gillette, WY 82716

Title:

President

Vice President of Finance and Administration

Executive Vice President

Executive Vice President

Executive Vice President

Executive Vice President

Directors:

Thomas F. Campion
303 W. Madison St., Suite 2100
Chicago, IL 60606

Robert W. Shone
319 S. Gillette Ave. Suite 303
Gillette, WY 82716

Gary W. Moore
319 S. Gillette Ave. Suite 303
Gillette, WY 82716

William J. Finn
319 S. Gillette Ave. Suite 303
Gillette, WY 82716

Gregg E. Simmons
319 S. Gillette Ave. Suite 303
Gillette, WY 82716

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CROWN PRODUCTS & SERVICES, 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 SIXTH DAY OF JUNE, A.D. 2022.

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

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




Jeffrey W. Bullock, Secretary of State

5196578 8300

SR# 20222634229

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

Authentication: 203606599

Date: 06-06-22