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Certified Copies	_ Certificates of	of Status
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Special Instructions to	Filing Officer:	:





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S. ROBERTS SEP 2 6 2022

COVER LETTER

_	tration Section ion of Corporations			
SUBJECT:	Crown Awards, Inc.			
		f corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Cor Existence," or "Certificate of ced foreign corporation to tra	of Good Standi	ng" and check are su	act Business in Florida," bmitted to register the
Please return a	all correspondence concerning	g this matter to	the following:	
Elyse Weisenfe	eld		-	
		Name of Pe	rson	
Crown Awards	, Inc.			
		Firm/Compa	ny	
9 Skyline Drive	:			
		Address		
Hawthorne, NY	10532			
		City/State and	Zip code	
elyse@crownav				
	E-mail address:	(to be used for	future annual report	notification)
For further info	ormation concerning this ma	tter, please call	:	
Kelly DiChiaro	а	914 t()	949.2990 x3330 Daytime Telep	
Name	of Person	Area Code	Daytime Telep	hone Number
Registi Divisio The Ce 2415 N Tallaha	ET/COURIER ADDRESS: ration Section on of Corporations entre of Tallahassee I. Monroe Street, Suite 810 assee, FL 32303		X MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7
	heck for the following amous ck payable to: FLORIDA DEP g Fee	ARTMENT OI	STATE 78.75 Filing Fee & ertified 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.

ARDS, INC.		
corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	N,''
lable in Florida, enter alternate corporate name a	dopted for the purpose of transacting	g business in Florida)
3	13-3490101	
ry under the law of which it is incorporated)		
5.		
of incorporation)	(Date of duration, if other t	than perpetual)
		tu)
	2, 1.3., to determine penany habin	(y)
	e <u>street</u> address)	
(Current mailing	address, if different)	
		2022 SEP
et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Lori Rubin		26
527 Bald Eagle Drive,		70
Jupiter	33477	2: 1
(City)	, Florida (Zip code)	0
	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.") lable in Florida, enter alternate corporate name a 3. ry under the law of which it is incorporated) (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 Hawthorne, NY, 10532 (Principal office (Current mailing et address of Florida registered agent: (P.O. Lori Rubin 527 Bald Eagle Drive, Jupiter	corporation; must include "INCORPORATED," "COMPANY," "CORPORATION Corp," "Inc," "Co," or "Corp.") Sorp," "Inc," "CoMPANY," "CORPORATION CORPORATION CORPORATION CORP." Sorp," "Inc," "Co," or "Corp.") Sorp," "Inc," "Co," or "Corp.") Sorp," "Inc," "CoMPANY," "CORPORATION CORP." Sorp," "Inc," "Co," or "Corp.") Sorp," "Inc," "Co," or "Corp.") Sorp," "Inc," "CoMPANY," "CORPORATION CORP." Sorp," "Inc," "Co," or "Corp.") Sorp," "Inc," "CoMPANY," "COMPANY," "CORPORATION CORP." Sorp," "Inc," "Co," or "Corp.") Sorp," "Inc," "Co," or "Corp.") Sorp," "Inc," "Co," or "Corp.") Sorp," "Inc," "CoMPANY," "COMPANY," "CORPORATION CORP." Sorp," "Inc," "Co," or "Corp.") Sorp," "Inc," "Co," or "Corp.") Solution of the purpose of transacting adopted for the purpose of transacting and transac

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:	□Chairman	Name:			
□Vice Chairman	9 Skyline Drive Address:	□Vice Chairman	Address:			
□Director	Hawthorne, NY 10532	□Director				
President		□ President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	☐ Treasurer			
□Other	□Other	Other	Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other		□Other	Other			
□ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	Treasurer	☐ Secretary	□Treasurer			
□Other	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 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.

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed 1 my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this ertificate, the following entity information is reflected:

Entity Name:

CROWN AWARDS, INC.

OS ID Number:

1288125

intity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

)ate of Initial Filing with DOS:

08/30/1988

itatement Status:

CURRENT

tatement Due Date:

08/31/2022

o information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 08, 2022 at 11:28 A.M.

Brandon Cr Higher

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100002153071 To Verify the authenticity of this document you may access the