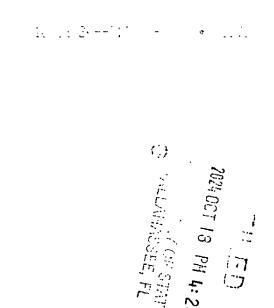
## F2500005753

(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:						

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T. LEMIEUX NOV 45 2024

## **COVER LETTER**

TO:	Registration Division o	on Section f Corporations				
SUBJ	ЕСТ: Сто	wdCover Inc.				
50120		Name	e of corporation	ı - must i	include suffix	<del> </del>
Dear S	ir or Madan	1:				
"Certif	icate of Exi		te of Good Star	iding`` ar	nd check are sub	et Business in Florida," mitted to register the
Please	return all co	rrespondence concer	ning this matter	to the fi	ollowing:	
Max G	oodman					
			Name of	Person		
Crowd	Cover Inc.					
		<del></del>	Firm/Con	npany		
2598 E	Sunrise Blvo	l Suite 2104				
			Addr	ess	•	
Ft. Lau	iderdale, FL 3	3304				
	_		City/State a	nd Zip c	ode	<del></del> -
mxgoo	dman@crow					
		E-mail addre	ss: (to be used:	or futur	e annual report r	otification)
For fur	ther informa	ntion concerning this	matter, please o	all:		
Max Goodman		561 at (	716-9709			
	Name of I	Person	Area Cod	e	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please i		t for the following an ayable to: FLORIDA I ee \$78.75 Fili Certificate	DEPARTMENT ing Fee &	3 \$78.75	ATE Filing Fee & ed 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.

CrowdCover, Inc	<b>□</b> -				
(11 manic unavana	ble in Florida, enter alternate cornorate name a	danted for the number of transact	ing business in Florida)		
Delaware	If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in F				
(State or country under the law of which it is incorporated)		88-3356747 (FEI number, if applicable)			
July 21, 2022	·				
	of incorporation) 5.	(Date of duration, if other	er than perpetual)		
,	,	<b>V</b> = <b>2 2</b> .	, , , , , , , , , , , , , , , , , , ,		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		ility)		
2598 E Sunrise Bl	vd Suite 2104, Ft. Lauderdale, FL 33304	•	• •		
	(Principal offic	e <u>street</u> address)			
			(3)		
	(Current mailing	; address, if different)	202		
			024 OCT 18		
Name and street	<u>taddress</u> of Florida registered agent: (P.O.	Box NOT acceptable)	<u> </u>		
Name:	Max Goodman		- ASS		
ffice Address:	2598 E Sunrise Blvd Suite 2104				
nee /tddress.	Ft. Lauderdale	 , Florida <sup>33304</sup>	2024 OCT 18 PH 4: 20		
	(City)	(Zip code)	:., -		

under the law of which it is incorporated.

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

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	•							
□ Chairman	Name: Max Goodman	□ Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director	Ft. Lauderdale, FL 33304	□Director						
President		□President						
□Vice President		□Vice President	<del></del>					
□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	<u> </u>	□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.  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.

Max Goodman, President





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

DELAWARE, DO HEREBY CERTIFY "CROWDCOVER 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2024.

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

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

WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JULY, A.D. 2022.

Authentication: 204392469

Jeffrey W. Bullock, Secretary of State

Date: 09-13-24