

F99000003470

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: CROWN PETROLEUM, INCORPORATED
(Name of corporation - must include suffix)

Dear Sir or Madam:

300002919223--1

-06/30/99-01027-004

*****87.50 *****87.50

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

MIKAEL MOSTI

(Name of Person)

CROWN PETROLEUM, INC

(Firm/Company)

3299 GLENNA LANE

(Address)

SARASOTA, FLORIDA 34239

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

MIKAEL MOSTI

(Name of Person)

at (941) 922-6789

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS
99 JUN 30 AM 9:45

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.*

1. CROWN PETROLEUM, INC
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEVADA 3. 65-0772402
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. AUGUST 5, 1997 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 3299 GLENNA LANE, SARASOTA, FL 34239
(Principal office address)
- b. 3299 GLENNA LANE, SARASOTA, FL 34239
(Current mailing address)
8. CONSULTING
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)


9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: MIKAEL MOSTI

Office Address: 3299 GLENNA LANE
SARASOTA, Florida 34239
(Zip code)

10. 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)

11. 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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99 JUN 30 AM 9:45

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

A. DIRECTORS

Chairman: MIKAEL MOSTI

Address: 3299 GLENNA LANE
SARASOTA, FL 34239

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MIKAEL MOSTI

Address: 3299 GLENNA LANE
SARASOTA, FL 34239

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

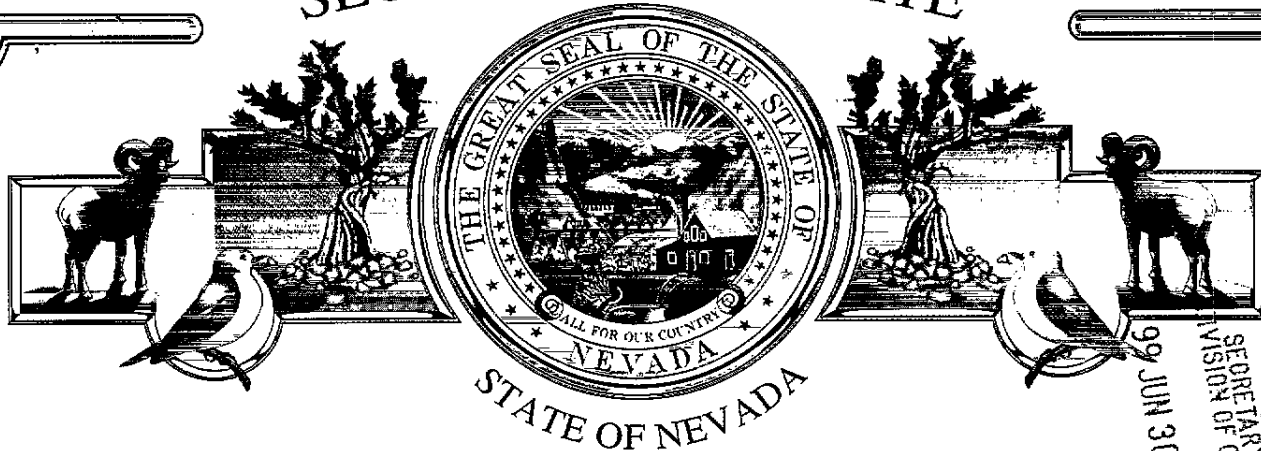
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. MIKAEL MOSTI
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MIKAEL MOSTI, AS PRESIDENT
(Typed or printed name and capacity of person signing application)

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98 JUN 30 AM 9:45

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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DIVISION OF CORPORATIONS
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I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CROWN PETROLEUM, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 5, 1997, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand
and affixed the Great Seal of State, at my office, in
Carson City, Nevada, on June 23, 1999.



Dean Heller
Secretary of State

By *Joan E. Smith*
Certification Clerk