**Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

: (850)222-1092

Fax Number

: (650)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Emmail Address:

Foreign Limited Liability Company

CROWN ASSOCIATES LLC d/b/a CROWN ASSOCIATES OF OHIO LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$1,041.25

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY EXAMINER

TO: Registration Section Division of Corporations  SUBJECT: Crown Associates LLC  Name of Limited Liability Company  The enclosed "Application by Poreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida  Pleasu return all correspondence concerning this matter to the following:  Kathy Doseck  Name of Person  Crown Associates LLC  Firm/Company  40 South Washington Street  Address  New Bremen, OH 45869  Chy/State and Zip Code  kelly.leanard@crown.com  E-mail address: (to be used for fulture annual report notification)  For further information concerning this matter, please call:  Kathy Doseck  419 629-4120  at (	CHZE027 (9/10)		CO	ver letter	
Name of Limited Liability Company  The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Plorida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida  Please return all correspondence concerning this matter to the following:  Kathy Doseck  Name of Person  Crown Associates LLC  Pirm/Company  40 South Washington Street  Address  New Bremen, OH 45869  City/State and Zip Code  kelly, leanard@crown.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Kathy Doseck  419  629-4120  Name of Person  Area Code & Daytime Telephone Number					
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Kathy Doseck    Name of Person	The enclosed ' Existence, and	"Application by Foreign Lir i check are submitted to regi	ited Liability Cor ter the above refe	upany for Authorization to fi senced foreign limited liabil	Pransact Business in Florids," Certificate of lity company to transact business in Florida
Name of Person  Crown Associates LLC  Pirm/Company  40 South Washington Street  Address  New Bremen, OH 45869  City/State and Zip Code kelly.leconnd@crown.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Kathy Dozeek  419 629-4120  Name of Person  Area Code & Daytime Telephone Number  MALLING ADDRESS:  STREET ADDRESS:	Piesso return a	ul correspondence concerni	g this matter to th	se foliowing:	
Crown Associates LLC    Firm/Company		Kathy Daseck			
Pirm/Company  40 South Washington Street  Address  New Bremen, OH 45869  City/State and Zip Code  kelly, leanard@crown.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Kathy Dozenk  Area Code & Daytime Telephone Number  MAILING ADDRESS:  STREET ADDRESS:		<del></del>	N	lame of Person	
Address  New Bremen, OH 45869  City/State and Zip Code  kelly.leanerd@crown.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Kathy Dozeok  Area Code & Daytime Telephone Number  MAILING ADDRESS:  STREET ADDRESS:		Crown Associates LLC			
New Bremen, OH 45869  City/State and Zip Code  kelly.leanard@crown.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Kathy Dateck  419 629-4120  Name of Person  Area Code & Daytime Telephone Number  MAILING ADDRESS:  STREET ADDRESS:			F	irm/Company	
New Bremen, OH 45869  City/State and Zip Code  kelly.leonard@crown.com  E-mail address: (to be used for fulture annual report notification)  For further information concerning this matter, please call:  Kathy Dozeck  Area Code & Daytime Telephone Number  MAILING ADDRESS:  STREET ADDRESS:		40 South Washington St	oot		
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Remail address: (to be used for future annual report notification)    Por further information concerning this matter, please call:    Kathy Dozenk		New Bremen, OH 4586			
E-mail address: (to be used for fulture annual report notification)  For further information concerning this matter, please call:  Kathy Dozeck  Area Code & Daytime Telephone Number  MAILING ADDRESS:  STREET ADDRESS:			City/8	State and Zip Code	
For further information concerning this matter, please call:    Kathy Dozenk		kelly.leannd@crown.com	1		•
Kathy Dozeck  At (19 629-4120  Name of Ferson Area Code & Daylinic Telephone Number  MAILING ADDRESS: STREET ADDRESS:		E-mall	ddress: (lo be use	d for future annual report no	illication)
Name of Person Area Code & Daylinic Telephone Number  MAILING ADDRESS: STREET ADDRESS:	For further info	omustion concerning this ma	ier, picase call:		•
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	<del></del>	Name of Person	Arc		ne Numbor
Registration Section Registration Section P.O. Box 6327 Cliffon Building Tollahassea, FL 32314 2661 Excentive Center Circle Tallahassea, FL 32301	Divisi Regial P.O. E	on of Corporations Iratian Section Box 6327	Divisio Regist Cliftor 2661 E	on of Corporations ration Section Building Executive Center Circle	
Enclosed is a check for the following amount:  \$\Begin{array} \Box \text{S125.00 Filing Fee} & \Box \text{S130.00 Filing Fee} & \Box \text{S135.00 Filing Fee} & \Box \text{S155.00 Filing Fee} & \Box \text{S160.00 Filing Fee}, Certificate    Carriffeed Conv		15.00 Filing Pec 🔲 \$130	00 Filing Fee &		

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13 OCT - 1 AM 8:	22
SECRETARY OF STA FALLAHASSEE, FLOR	TE DA

APPLICATION BY FOREIGN LIMITED LIA	ΑB	LITY COMPANY FOR AUTHORIZATION TO
TRANSACT BU	SI	ness in florida
IN COMPLIANCE WITH SECTION 608.503, PLORIDA STATU LIMITED LIABILITY COMPANY TO TRANSACT TUSINESS IN T		S, THE FOLLOWING E'S SUBMITTED TO REGISTER A FOREIG STATE OF FLORIDA:
1. Crown Associates LLC		
(Name of Foreign Limited Liability Company; must inc	ude	"Limited Liability Company," "L.L.C.," or "LLC.")
Crown Associates of Ohio LLC		
(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the all Company," "L.L.C," "I.L.C.")	lerm	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability".
Olabo	1	31-1053180
(Jurisdiction under the law of which foreign limited liability company is organized)	٠,	(FHI number, if applicable)
4. 02/26/1996	5.	Perpetual
(Date of Organization)	•	(Duration: Year limited Hability company will cease to exist or "perpetual")
5. 01/01/2010		
(Date first transacted business in F (See sections 608.501 & 608.502 F.)	iori S. te	da, if prior to registration.) o determine nanalty liability)
40 South Washington Street	w,	- 400s
- To doubt it than inglest octor		<del></del>
Now Breinen, OH 45869		
(Streat Addres	s of	(Principal Office)
3. If limited liability company is a manager-managed	d co	ompany, check here
). The name and usual business addresses of the ma	nag	ling members or managers are as follows:
James P. Dicke II, Manager/Member, 40 South Washingto	n S	treat New Bremen, OH 45869
and a series of Lemma Salizanton to a page 14 desirable		
James F. Dicke III, Manager/Member, 40 South Washingto	on S	Street, New Bromen, OH 45869
Bradley L. Smith, Managor, 40 South Washington Street, 1	Nev	v Bramen, OH 45869
10. Attached is an original certificate of existence, no more than 9 he jurisdiction under the law of which it is organized. (A photocomans that of the translator must be su	ору	
1. Nature of business or purposes to be conducted of	n p	romoted in Florida: parsonal property rental
(In accordance with section 602.408(3), P.S., the exc	cuth	of ized representative of a member, on of this document constitutes as affirmation under the
document to the Department of State constitute	146.	I am aware that any false information submitted in a third degree follows as provided for in a.817.155, F.S.)
Signature of a Alembert of an al (in accordance with section 608,608(3), F.S., the exc penalties of perjury that the facts stated herein are tr	in the south	ofized representative of a member. on of this document constitutes an affirmation under the I am aware that any false information submitted in a

Typed or printed name of signee

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13 OCT - 1 AM 8: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is:  Crown Associates LLC				
If unavailable, the alternate to be used in the state of Florida is:  Crown Associates of Chic LLC				
2. The name s	ınd the Florida stre	eet address of the registered agent and office are:		
		C T Corporation System		
	<del></del>	(Namo)		
		1200 South Pine Island Road		
	Flori	da Street Address (P.O. Box NOT ACCEPTABLE)		
	Plantation	PL 33324		
	<del></del>	City/State/Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

CT Corporation System

(Signature)

Renee Cruz, Asst. Secretary

\$ 100.00 Filing Fee for Application

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

Membets of Crown Associates LLC (Name of Limited Liability Company)  a limited liability company duly organized and existing under the laws of Ohio.  (State of County of Organization)	ing
Neme of Limited Liability Company duly organized and existing under the laws of Ohio.	
Ohlo.	<del></del>
(Blad or Coning of Organization)	
Because the name of this foreign limited flability company does not satisfy the	
requirements of the s. 608,406, P.S., the limited liability company hereby adapt	ribo
following maine to transact business in the state of Florida:	
Crown Associates of Ohio LLC	
Name to be used by United Hobility company in Pholins Moth: Name must and with Limited blability Company Lillary, or LEC.)  Date: 09/09/2013	
Date: Various (S	
Bignature(s) of Manager(s) and/or Managing Member(s):	
Many 2 nd	
Quality	
Julith	<del></del>
	—

CROBIES (1/07)

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CROWN ASSOCIATES LLC, an Ohio Limited Liability Company, Registration Number 933487, was organized within the State of Ohio on February 26, 1996, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 1st day of October, A.D. 2013.

Ohio Secretary of State

for Hustel

Validation Number: 201327401442