## M17000000009

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
·	•	-46
(Cit	y/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
W17-1483cert	,	

Office Use Only



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O SIMMONS MAR 0 9 2017



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 9, 2017

MARC SHUMSKER 150 S PINE ISALND RD, STE 316 PLANTATION, FL 33324

SUBJECT: CRONVO LLC Ref. Number: W17000001483

We have received your document for CRONVO LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 217A00000437

## **COVER LETTER**

		tration Section on of Corporation	, <b>S</b>				
SUBJEC		ronvo, LLC					
0020		··· <u>.</u>	Name of L	imited Liability (	Company		
			eign Limited Liability Compa I to register the above referen				
Please re	turn al	l correspondence c	oncerning this matter to the f	ollowing:			
		Marc Shumsker					
			Na	me of Person			
		Cronvo					
Firm/Company							
	150 S. Pine Island Road, Suite 316						
				Address			
		Plantation Fl 33	324				
		<del>-, -,</del>	City/Sta	ate and Zip Code			
		marc@cronvo.co	m				
		** * J. i	E-mail address: (to be used	for future annual	report not	ification)	
For furth	er info	rmation concerning	g this matter, please call:				
	Marc	Shumsker		518 at (	221-753	32	
•		Name of	Contact Person	Area Code	Day	time Telephone Number	
: 1 1	Division Registr P.O. B	ING ADDRESS: on of Corporations ration Section tox 6327 assee, FL 32314			Division of Registrati Clifton Bo 2661 Exe	ADDRESS: of Corporations on Section milding cutive Center Circle ee, FL 32301	
		heck for the followi 5.00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,000 FLORIDA STATLITES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

(Name of Fore			
-	eign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "1	LLC.")
iability Company," "L.L.C,"	•		must include "Limited
Delaware	3. 4	7-2146373	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
	(Date first transacted business in Flori	da if prior to registration	
	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S	to determine penalty liability)	
150 S. Pine Island Roa	d, Suite 316		
Plantation FL 33324			
	(Street Address of Principal C	Office)	1
150 S. Pine Island Road	d, Suite 316		
Plantation FL 33324			10
***************************************	(Mailing Address)	y = 00 - 00 - 00 - 00 - 00 - 00 - 00 - 0	2
Name and street addres	s of Florida registered agent: (P.O. Box )	NOT acceptable)	100
	Russell Snyder		19
Name:		<del></del>	andre of
Office Address:	401 Jefferson Avenue, Apt 4	····	
	A.C. 175 1	22120	
	Miami Beach	, Florida 33139	
	(City)	(Zip code)	
aving been named as re esignated in this applical complywith the provision	(City) tance: gistered agent and to accept service of pro tion, I hereby accept the appointment as i ons of all statutes relative to the proper ar ny position as registered agent.	(Zip code)	capacity. I further agree
aving been named as re esignated in this applical complywith the provision	(City) tance: gistered agent and to accept service of protion, I hereby accept the appointment as ions of all statutes relative to the proper a	(Zip code)	capacity. I further agree
Taving been named as re esignated in this applicate complywith the provision eccept the obligations of n	(City) tance: gistered agent and to accept service of pro tion, I hereby accept the appointment as i ons of all statutes relative to the proper ar ny position as registered agent.	(Zip code)  ocess for the above stated limited liability registered agent and agree to act in this and complete performance of my duties, of the complete performance of my duties, or the complete performance of my duties and the complete pe	capacity. I further agree
esignated in this applicate complywith the provision complywith the provision of the obligations of the complete the name, title or capa	(City) tance: gistered agent and to accept service of protion, I hereby accept the appointment as tons of all statutes relative to the proper any position as registered agent.  (Registered agent	(Zip code)  ocess for the above stated limited liability registered agent and agree to act in this and complete performance of my duties, of the complete performance of my duties.	capacity. I further agree
laving been named as regesting ted in this applicate comply with the provision of the obligations of the comply with the provision of the obligations of the complete the obligation of the complete the	(City) tance: gistered agent and to accept service of protion, I hereby accept the appointment as tons of all statutes relative to the proper army position as registered agent.  (Registered agent acity and address of the person(s) who has	(Zip code)  Occess for the above stated limited liability registered agent and agree to act in this and complete performance of my duties, of a signature)  Thave authority to manage is/are:  ot 4 Miami Beach FL 33139	capacity. I further agree
Taving been named as recessionated in this applicate complywith the provision coupt the obligations of notes.  The name, title or capa for Russell Snyder - CEC	(City) tance: gistered agent and to accept service of protion, I hereby accept the appointment as it ons of all statutes relative to the proper army position as registered agent.  (Registered agent acity and address of the person(s) who has/	(Zip code)  Occess for the above stated limited liability registered agent and agree to act in this and complete performance of my duties, of a signature)  Thave authority to manage is/are:  ot 4 Miami Beach FL 33139	capacity. I further agree
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Aving been named as regesignated in this applicate of complywith the provision of the complywith the complex of the co	(City)  tance: gistered agent and to accept service of protion, I hereby accept the appointment as it ons of all statutes relative to the proper army position as registered agent.  (Registered agent acity and address of the person(s) who has been acity and address of the person Avenue Application & Co-Founder, 401 Jefferson Avenue Application & Co-Founder, 5550 NW 61st Street of existence, no more than 90 days old, due of which it is organized. (If the certificate is	(Zip code)  Occess for the above stated limited liability registered agent and agree to act in this and complete performance of my duties, of the complete performance of my duties, of the complete performance is/are:  On the complete performance is/are:  On the complete performance is/are:  On the complete performance of my duties, of the complete performance of t	capacity. I further agree and I am familiar with a

Typed or printed name of signee

Russell Snyder

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRONVO LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JANUARY, A.D. 2017.

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

5626196 8300 SR# 20170393939 Authentication: 201956219

Date: 01-30-17