m17000002221

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	cument Number))
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	
		;

Office Use Only



100296250181

03/13/17--01052--006 **160.00

2017 MAR 13 A.II: 32*
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

8 Warren

MAR 1 6 2017

LaSalle Legal Services, PLLC

February 23, 2017

Division of Corporations Registration Section PO Box 6327 Tallahassee, FL 32314

RE: Crown MCR, LLC

To Whom It May Concern:

Please find enclosed the following:

- 1. The Cover Letter and Application by Foreign Limited Liability Company for Authorization to Transact Business in the State of Florida for Crown MCR, LLC, a Delaware limited liability company;
- 2. A Certificate of Good Standing from the Delaware Secretary of State for Crown MCR, LLC:
- 3. A Registered Agent Consent Form from Paracorp Inc.:
- 4. A check in the amount of \$160.00 made out to the Florida Department of State.

Please contact me with any questions or comments regarding this application. Thank you for your professionalism regarding this matter.

Sincerely

Brent LaSalle Attorney at Law

COVER LETTER

Registration Section

Division of Corporations

TO:

		Name of	Limited Liability (Company		
enclosed ", tence, and	Application by Fo check are submitte	reign Limited Liability Comp ed to register the above refer	cany for Authoriza enced foreign limi	ation to Trated liabilit	ansact Business in Florida," Certi y company to transact business in	ificat 1 Flo
se return al	I correspondence	concerning this matter to the	following:			
	Brent LaSalle					
		N	ame of Person			
	LaSalle Legal	Services, PLLC				
	N-state Manual A	F	irm/Company			
	2001 Killebrev	v Drive, Suite 100				
	<u> </u>		Address			
	Bloomington,	MN 55425				
		City/S	tate and Zip Code			
	blasalle@lawlas	alle.com				
		E-mail address: (to be used	d for future annual	l report no	tification)	
further info	rmation concerning	ng this matter, please call:				
Brent	LaSalle		651 at (442-34	62	
	Name o	of Contact Person	Area Code	Day	ytime Telephone Number	
Division Regist P.O. B	JNG ADDRESS: on of Corporation: ration Section sox 6327 assee, FL 32314			Division Registrat Clifton F 2661 Exc	of Corporations tion Section Building ecutive Center Circle sec. FL 32301	
	neck for the follow 5.00 Filing Fee	ving amount: \$\Boxed{\Pi} \\$130.00 \text{ Filing Fee & Certificate of Status}	□ \$155.00 Filin Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Certification of Status & Certified Copy	ate

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	eign Limited Liability Company; ir	iust include "	Limited Liability Company,	""L.L.C.," or "l	LLC.")	
If name unavailable, enter all liability Company," "L.L.C.	Iternate name adopted for the purport of "LLC,")	ose of transac	ting business in Florida. The	alternate name	must include	"Limited
, Delaware		₃ 81	-5463819			
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number.	if`applicable)		
l						
	(Date first transacted busi (See sections 605,0904 & 60	ness in Floric)5.0905, F.S.	 a, if prior to registration.) to determine penalty liability 	y)		
. 2001 Killebrew Drive,	Suite 100					
Bloomington, MN 554	25					
, <u>, , , =</u>	(Street Address o	f Principal O	flice)	م خدا م خدا	267	
2001 Killebrew Drive,	Suite 100) (4.2		
Bloomington, MN 554	225			五. ??		
		g Address)			関し	m
. Name and street addres	ss of Florida registered agent: (P.O. Box N	IOT acceptable)			Ö
	Paracorp Incorporated	_	,		A II: 3	_
Name:				Ġ.	5H 33	
Office Address:	155 Office Plaza Drive, 1st F	loor			741	
	Tallahassee		, Florida	801		
Registered agent's accep	(City)		•	(Zip code)		
laning boom manadas no	gisterea agent ana to accept se	rvice oj pro	cess for the above statea egistered agent and agre.	to act in this	capacity. I	further a
esignated in this applica o complywith the provision occept the obligations of i	tion, I hereby accept the appoi ons of all statutes relative to th my position as registered agent (Regi	e proper and 1.	d complete performance S signature)		anu 1 am ja	miliar wii
lesignated in this applica o complywith the provision occept the obligations of the B. The name, title or capa	ons of all statutes relative to the appoint on sof all statutes relative to the my position as registered agent (Registered address of the person)	e proper and 1.	d complete performance S signature)		ana r um ja	miliar wii
esignated in this applicate complywith the provision of the obligations of the obligation	ons of all statutes relative to the appoint on sof all statutes relative to the appoint on statutes relative to the appoint of the person acity and address of the person to las Brandt COO	e proper and 1.	d complete performance S signature)			miliar wii
lesignated in this applicate complywith the provision of the obligations of the obligatio	ons of all statutes relative to the appoint on sof all statutes relative to the appoint on statutes relative to the appoint of the person acity and address of the person to las Brandt COO	e proper and 1.	d complete performance S signature)			miliar wii
o complywith the provision coupt the obligations of the obligation of the obligations of the obligation obligation of the obligation of the obligation obli	cons of all statutes relative to the my position as registered agent (Registered and address of the person) and address of the person (and a Brandt COO) are 100 of existence, no more than 90 of which it is organized. (If the	te proper and the stored agent's s) who has/h	d complete performance s signature) nave authority to manage in the ofference of the content o	is/are:	ustody of re	cords in th
lesignated in this applicate of complywith the provision occept the obligations of the obligation of the obligations of the obligation of the obligat	ons of all statutes relative to the my position as registered agent (Registered and address of the person) and address of the person (rolas Brandt COO) after 100 of existence, no more than 90 of which it is organized. (If the abmitted)	te proper and the stored agent's s) who has/h	d complete performance s signature) nave authority to manage in a foreign language, a	is/are:	ustody of re	cords in th

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Brent LaSalle

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 02/21/2017

ENTITY NAME: Crown MCR, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Sharon Cosse

Sharon Cooke, Assistant Secretary Paracorp Incorporated

TECRETARY OF STATE.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CROWN MCR, 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 TWENTIETH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CROWN MCR, LLC"

WAS FORMED ON THE TWENTIETH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202066414

Date: 02-20-17

6322242 8300 SR# 20171052693