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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

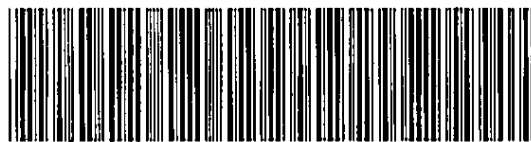
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*4/24: Received state jurisdiction from
COS*

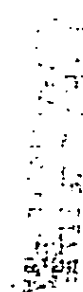
*WDC
4/24/20*

Office Use Only



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04/21/20--01017--008 **160.00



20 APR 21 AM 3:46

FILED

April 9, 2020

To: The Florida Department of State Division of Corporations

In reference to: Filing a Foreign LLC

Name of Company filing –

National Crane LLC
PO BOX 588
Sundance WY 82729

Physical
108 5th Street N
Sundance WY 82719

Phone: 307-696-3578
Email : bcnationalllc@gmail.com

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RECORDS SECTION
FLORIDA DEPARTMENT OF STATE
1901 N. BEACH BLVD.
TALLAHASSEE, FL 32310

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Crane LLC
Name of Limited Liability Company

The enclosed "Application by Foreign 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.

Please return all correspondence concerning this matter to the following:

Marc Chauvin
Name of Person

National Crane LLC
Firm/Company

Po Box 588
Address

Sundance WY 82729
City/State and Zip Code

bcnationalllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandy Chauvin at (307) 670-4353
Name of Contact Person Area Code Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. National Crane LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NY (LLC)
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-4769805
(FEI number, if applicable)

4. 4/1/2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 108 N 5th St
(Street Address of Principal Office)

6. Sundance Wly 82729
(Mailing Address)

Sundance Wly 82729

PO Box 588
Sundance Wly 82729

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Brandy Chauvin

Office Address: ~~311~~ 2833 NW 68th Ave

Ocala, Florida 34482
(City) (Zip code)

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Registered agent's acceptance:

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 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.

Brandy Chauvin
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Manager

Name: Marc Chauvin

Manager

Name: _____

Member

Address: _____

Member

Address: _____

Authorized

PO Box 588

Authorized

Person

Sundance Lely 82129

Person

Other Owner

Other _____

Other _____

Other _____

Manager

Name: Brandy Chauvin

Manager

Name: _____

Member

Address: _____

Member

Address: _____

Authorized

2833 NW 68th Ave

Authorized

Person

Ocala FL 34482

Person

Other _____

Other _____

Other _____

Other _____

Manager

Name: _____

Manager

Name: _____

Member

Address: _____

Member

Address: _____

Authorized

Authorized

Person

Person

Other _____

Other _____

Other _____

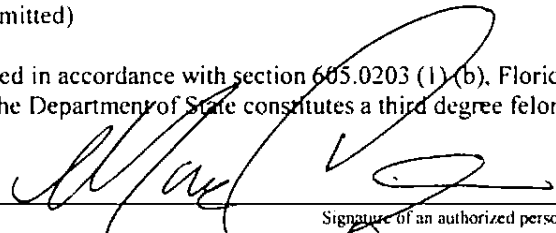
Other _____

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STATE OF FLORIDA
DEPARTMENT OF REVENUE

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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.



Signature of an authorized person

Marc Chauvin

Typed or printed name of signee

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

National Crane LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 26, 2016** with a delayed effective date of January 1, 2017, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000736777**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 9th day of April, 2020 at 9:30 AM. This certificate is assigned ID Number 035852431.



Edward A. Buchanan
Secretary of State