

110000010094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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20 NOV 12 AM 5:48

NOV 13 2020
TALLAHASSEE

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. CROWN BUSINESS SOLUTIONS, LLC

Name

Document Number (if known)

x Walk in

___ Will wait

___ Certified Copy of:

X Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

X Limited Liability

___ Domestication

___ INC

___ OTHER

AMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Conversion

___ Merger

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ Statement of Authority

___ APOSTIL

() _____
COUNTRY

REGISTRATION/QUALIFICATIONS

___ Foreign

___ Limited Partnership

___ Reinstatement

___ Trademark

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

CROWN BUSINESS SOLUTIONS, LLC

SUBJECT: _____
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:

AARON VELAZQUEZ

Name of Person

CROWN BUSINESS SOLUTIONS, LLC

Firm/Company

201 E. 5TH STREET, STE 1095

Address

SHERIDAN, WYOMING, 82801

City/State and Zip Code

christian@crownofficesupplies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AARON VELAZQUEZ	307	317-7018	
_____	at (_____)		
Name of Contact Person	Area Code	Daytime Telephone Number	

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**

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
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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. CROWN BUSINESS SOLUTIONS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

CROWN OFFICE SUPPLIES, LLC

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

2. WYOMING

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-4154951

(FTI number, if applicable)

4. 11/10/2020

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

5. 201 E. 5TH STREET

(Street Address of Principal Office)

STE 1095

SHERIDAN, WY 82801

6. 201 E. 5TH STREET

(Mailing Address)

STE 1095

SHERIDAN, WY 82801

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

Name: DANA ANGELINO

Office Address: 3862 SHERIDAN ST, STE A

HOLLYWOOD

(City)

, Florida

33021

(Zip code)

20 NOV 12 AM 5:49

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.

Dana Angelino

(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:**

☒ Manager Name: DANA ANGELINO

☐ Member Address: 3862 SHERIDAN ST, STE A

☐ Authorized HOLLYWOOD, FL 33021

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: NICHOLAS GONZALEZ

☐ Member Address: 3862 SHERIDAN ST, STE A

☐ Authorized HOLLYWOOD, FL 33021

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: AARON VELAZQUEZ

☐ Member Address: 3862 SHERIDAN ST, STE A

☐ Authorized HOLLYWOOD, FL 33021

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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.

Dana Angelino

Signature of an authorized person

DANA ANGELINO

Typed or printed name of signer

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,

Crown Business Solutions, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 3, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000892955**.

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 5th day of November, 2020 at 9:38 AM. This certificate is assigned ID Number 040102115.





Secretary of State