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PICK-UP WA	MAIL MAIL
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Certified Copies Certi	ficates of Status
Special Instructions to Filing Officer	

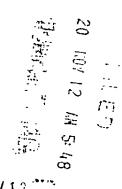




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FLOR CAPITAL COURIER SERV	VICES INC
2330 CLARE DRIVE	· · · · · · · · · · · · · · · · · · ·
TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	•
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	(OFFICE USE ONLY)
Business Name & Document Numb	· · · · · · · · · · · · · · · · · · ·
1CROWN BUSINESS SOLU	TIONS, LLC
Name	Document Number (if known)
x Walk in	Will wait
Certified Copy of:	
_X Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit	_ Amendment
Not for Profit	Resignation of R.A. Officer/Director
X Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
INC	
INC	Conversion
OTHER	Merger
OTHER FILINGS	REGISTRATION/OUALIFICATIONS
Annual Report	Foreign
Cipalainus Ninna	Limited Partnership
Fictitious Name	Reinstatement
Statement of Authority	
ADOCTU	Trademark
APOSTIL () COUNTRY	Other
	EXAMINER'S INITIALS:

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	/N BUSINESS SOLUTIONS, LLC
	Name of Limited Liability Company
	ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this r	natter to the following:
	AARON VELAZQUEZ
	Name of Person
CRO	WN BUSINESS SOLUTIONS, LLC
	Firm/Company
2	01 E. 5TH STREET, STE 1095
	Address
SI	HERIDAN, WYOMING, 82801
· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code
	hristian@crownofficesupplies.com
E-mail address	s: (to be used for future annual report notification)
For further information concerning this matter, ple	case call:
AARON VELAZQUEZ	307 317-7018 at ()
Name of Contact Person	
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following am Please make check payable to: FLORID \$\Bigsir \text{\$\substack} \$\substa	A DEPARTMENT OF STATE
	ificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 4/6,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CROWN BUSINESS SOLUTIONS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") CROWN OFFICE SUPPLIES, LLC off name unavailable, enter afternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Lamited Liability Company," "L.L.C." or "L.L.C." WYOMING 84-4154951 (Jurisdiction under the law of which foreign limited liability company is organized) (FII number, if applicable) 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). 201 E. 5TH STREET 201 E. 5TH STREET (Mailing Address) (Street Address of Principal Office) STE 1095 STE 1095 SHERIDAN, WY 82801 SHERIDAN, WY 82801 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) DANA ANGELINO Name: 3862 SHERIDAN ST, STE A Office Address: HOLLYWOOD 33021 Florida (City) 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: Title or Capacity: Name and Address: Name: _ DANA ANGELINO Manager ■ Manager 3862 SHERIDAN ST, STE A 3862 SHERIDAN ST, STE A □ Member Address: Address: □ Member HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 □ Authorized □ Authorized Person Person □Other □Other_____ Other □Other____ NICHOLAS GONZALEZ **■**Manager □Manager Name: 3862 SHERIDAN ST, STE A \square Member □Member Address: HOLLYWOOD, FL 33021 □ Authorized □ Authorized Person Person □Other____ Other____ □Other □Other____ □ Manager Name: □ Manager Name: Address: □ Member □ Member Address: □ Authorized Authorized Person Person □Other _____ □Other_____ ☐Other ______ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.817.355, F.S. Dana Angelino Signature of an authorized person

DANA ANGELINO

Typed or proped name of Sener

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

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.