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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

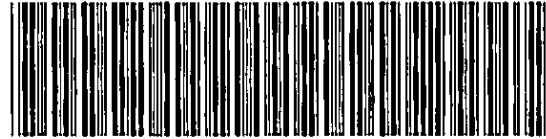
(Business Entity Name)

(Document Number)

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03/11/21--01009--031 **130.00

3/25/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CROWDVEST SECURITIES 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:

FRANK A. LARDINO
Name of Person

CROWDVEST SECURITIES LLC
Firm/Company

21 SOVINGTON WAY
Address

HUTCHINSON ISLAND, FL 34949
City/State and Zip Code

FRANK LARDINO @ CROWDVEST. CO
E-mail address: (to be used for future annual report notification)

NOTE, CO
NOT
COM

For further information concerning this matter, please call:

FRANK A. LARDINO at 954, 304-4708
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**

☐ \$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. CROWDVEST SECURITIES LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

CROWDVEST SECURITIES FLORIDA LLC
(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. TENNESSEE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. NO BUSINESS TRANSACTED YET
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. V CORP SERVICES LLC 6. 21 SOVEREIGN WAY
(Street Address of Principal Office) (Mailing Address)
300 MONTVUE RD. HUTCHINSON ISLAND, FL
KNOXVILLE, TN 37919 34949

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

Name: FRANK A. LARDINO
Office Address: 21 SOVEREIGN WAY
HUTCHINSON ISLAND, Florida 34949
(City) (Zip code)

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.

[Signature]
(Registered agent's signature)

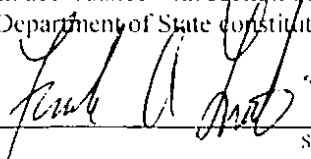
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	FRANK A. LARDINO		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	21 SOVEREIGN WAY		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		HUTCHINSON ISL, FL 34949		<input type="checkbox"/> Authorized			
Person				Person			
<input checked="" type="checkbox"/> Other	PRESIDENT	<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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.



Signature of an authorized person

FRANK A. LARDINO

Typed or printed name of signee



**Division of Business Services
Department of State**

State of Tennessee

312 Rosa L. Parks AVE, 6th FL

Nashville, TN 37243-1102

Tre Hargett
Secretary of State

FRANK A. LARDINO
21 SOVEREIGN WAY
HUTCHINSON ISLAND, FL 34949

March 25, 2021

Request Type: Certificate of Existence/Authorization

Issuance Date: 03/25/2021

Request #: 0409527

Copies Requested: 1

Document Receipt

Receipt # : 006203571

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3802423707

\$20.00

Regarding: Crowdvest Securities LLC

Filing Type: Limited Liability Company - Domestic

Control # : 900729

Formation/Qualification Date: 04/25/2017

Date Formed: 04/25/2017

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Crowdvest Securities LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 045284841

Franklin, Sharon D.

From: Frank Lardino <franklardino@crowdvest.co>
Sent: Thursday, March 25, 2021 12:14 PM
To: Franklin, Sharon D.
Cc: Frank Lardino
Subject: Re: CROWDVEST SECURITIES LLC FOREIGN LLC
Attachments: CertOfAuthExist - Tenn LLC.pdf

EMAIL RECEIVED FROM EXTERNAL SOURCE

The attachments/links in this message have been scanned by Proofpoint.

Dear Ms. Franklin:

I have attached the certificate of existence from the state of Tenn as you requested.. We have no intention of reinstating the Florida Business L20000006143 - Crowdvest Securities LLC (Florida LLC).

Please let me know if you need any additional information. Thank you for your help, I appreciate it.

Frank Lardino
Crowdvest Securities LLC

From: Franklin, Sharon D. <Sharon.Franklin@dos.myflorida.com>
Sent: Thursday, March 25, 2021 9:21 AM
To: Frank Lardino <franklardino@crowdvest.co>
Subject: FW: CROWDVEST SECURITIES LLC FOREIGN LLC

Also, you are missing the certificate of existence/good standing from the Tennessee Secretary of State. You can also email that to me also.

Thanks.
Sharon Franklin
Regulatory Specialist 2
Division of Corporations
Department of State
Telephone: (850) 245-6963
Fax: (850) 245-6597
Email: Sharon.Franklin@dos.myflorida.com

From: Franklin, Sharon D.
Sent: Thursday, March 25, 2021 9:20 AM
To: franklardino@crowdvest.co
Subject: CROWDVEST SECURITIES LLC FOREIGN LLC

Hello,

I am notifying you that the above business was voluntarily dissolved by you on 01/13/21. In order to use the above business name, all you would need is a consent letter stating that you have no intentions of reinstating the Florida Business(L20000006143). You must include the name of the business and the this doc#L20000006143). If you decide to send the consent letter, you can email that to me, if you would like too?

Thanks,
Sharon Franklin
Regulatory Specialist 2
Division of Corporations
Department of State
Telephone: (850) 245-6963
Fax: (850) 245-6597
Email: Sharon.Franklin@dos.myflorida.com