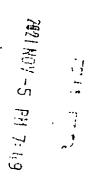
M21000015078

(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:
0ffice Use Only
Office Use Only



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S. FRANKLIN NOV 1 2 2021

COVER LETTER

	Excalibur Holdings, LLC			
SUBJE	CT:Nam	e of Limited Liability Company	-	
			" C . A.E	
The enc Existenc	losed "Application by Foreign Limited Liability of the above ce, and check are submitted to register the above	Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact bus	iness in Flori	
	eturn all correspondence concerning this matter t			
	Julie Brian			
		Name of Person	-	
	Excalibur			
	Firm/Company			
	12 Tidewater Drive			
	Address			
	Ormond Beach, FL 32174	<u>.</u>	7381	
		City/State and Zip Code	- Z	
	jbrian@excaliburus.com		7 3 21 KOV -5	
	E-mail address: (to be	e used for future annual report notification)	PH	
For furtl	her information concerning this matter, please ca	II: .	::	
Julie Brian		386 2129298	6 1	
	Name of Contact Person	Area Code Daytime Telephone Number	-	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address:		
	Tallahassee, FL 32314	Tallahassee, FL 32303		
	Enclosed is a check for the following amount:	A DTMENT DE STATE		
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 PARTMENT OF STATE The Street of Street in Stree		

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

IN COMPLIANCE WITH SECTION 6/5,0002, FLORIDA STATUTES, THE FOLLOWING INSUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ame unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternate name	must include "Limited Liability C	ompany," "L.E.C." or "LD
)elaware		85-21741		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if app	licable)
	(Date first transacted business in Florida, if prior to p (See sections 605,0904 & 605,0905, F.S., to determine	egistration.) ne penalty liability)		
12 Tidewater Drive		6		
et Address of Principal Office)		(Mailin	g Address)	~
Ormond Beach, FL 32	174			2021
				- TO:
				C
				
siame and cireet addre	es of Florida registered agent: (P.O. Box	NOT acceptable		==
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable	•	PH 7
Name and street addre		NOT acceptable	•	
Name and <u>street addre</u>	SS of Florida registered agent: (P.O. Box Erin E. Wollett Esq	NOT acceptable	•	PN 7: 49
	Erin E. Wollett Esq	NOT acceptable		
		NOT acceptable		

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.

(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: The Peacock Delaware Trust Name: 200 Continental Drvic Stc. 112 Newark, DE 19713			
□Manager	Name: Thomas Crawford 3423 Kenilworth Ct	☐ Manager ☐ Member ☐ Authorized				
■Member	Address:					
□Authorized	Sneliville, GA 30039					
Person		Person				
Other	Other	□Other		Other_	,	
□Manager	Name:	☐Manager	Name:	<u>-</u>		
[]Member	Address:	□Member	Address:			
□Authorized		□Authorized				
Person		Person			昭]	
⊡Other	Other	□ Other		Other_	<u>स्</u>	
					2	•
□Manager	Name:	□Manager	Name:		<u> </u>	:
[] Member	Address:		Address:		-: -	
□Authorized		□ Authorized			<u> </u>	
Person		Person				
[iOther	Other	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.

Signalier of an authorized person

Thomas Crawford

Typod or printed earns of signore

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EXCALIBUR HOLDINGS US, 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 TWENTY-SECOND DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXCALIBUR HOLDINGS US, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JULY, A.D. 2020.

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

2821 HOY -5 PM 1:45



Authentication: 204487257

Date: 10-22-21

3237500 8300 SR# 20213590498



October 7, 2021

JULIE BRIAN 12 TIDEWATER DRIVE ORMOND BCH, FL 32174 US

SUBJECT: EXCALIBUR HOLDINGS, LLC

Ref. Number: W21000134055

We have received your document for EXCALIBUR HOLDINGS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

> RECEIVED NOV 0.5 2021

Letter Number: 521A00024457