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## **COVER LETTER**

TO:

Registration Section

Div	ision of Corporations						
SUBJECT:	CROWN LEVEL PROPERTIES, LLC						
Name of Limited Liability Company							
		ompany for Authorization to Transact Business in Florida," Certificate of ferenced foreign limited liability company to transact business in Florida.					
Please return	all correspondence concerning this matter to	he following:					
	Jocelyn D. Bueno						
	Name of Person						
	CROWN LEVEL PROPERTIES, LLC						
	Firm/Company						
5733 Sea Turtle Pl							
Address							
	Apollo Beach, Fl. 33572						
	City	/State and Zip Code					
	77latte@gmail.com						
	E-mail address: (to be u	sed for future annual report notification)					
For further in	nformation concerning this matter, please call:						
Jocelyn D. Bueno		813 610-5807					
	Name of Contact Person	at ()					
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					
Plea	closed is a check for the following amount: ase make check payable to: FEORIDA DEPA \$125.00 Filing Fee	& ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate					

## 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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CROWN LEVEL (Name of Foreign	PROPERTIES, LLC Umited Liability Company, must include "Limited	Liability Compar	iy,""E.L.C.," or "LLC"	)	
(If waine unavpilable, exter alternate of	name adopted for the purpose of transacting business in Flo	orida. The alternate o	name must include "Limited	Liability Compans," "L.1, C," or "L	.t.C ")
2. Nevada  (Juridiction under the law of w	hich foreign limited liability company is organized)	3	(FE) au	nber, if applicable)	
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration )			
5. 5733 Sea Turtle (Street Address of Principal Office)		5733	Sea Turtle Pl		
Apollo Beach, FL 33572		Apol	lo Beach, FL 3		
				NOV 16	
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT accepta	ble)	-	
Name:	NCH Registered Agent			1 10: 08	
Office Address:	390 North Orange Ave., Ste 2300-N				
	Orlando (Cwy)		, Florida		

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 t manage [up to six (6) total]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Name: Jocelyn D. Bueno Manager ■Manager Name: Address: 5733 Sea Turtle Pl □Member □Member Address: Apollo Beach, FL 33572 □ Authorized □ Authorized Person Person □Other\_\_\_\_\_ ☐ Other □Other Other\_\_\_\_\_ Name: \_\_\_\_\_ □Manager Name: \_\_\_\_\_ □Manager | Address: □ Member Address: □ Member □ Authorized □ Authorized Person Person □Other □Other\_\_\_\_\_ □Other\_\_\_\_\_ □ Other\_\_\_\_\_ □Manager Name: □ Manager Name: **□**Member Address: □Member Address: \_\_\_\_\_ □ Authorized ☐ Authorized Person Person □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 out 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 \$,817,155, F.S. Signature of an authorized person

Typed or printed name of signee

Jocelyn D. Bueno

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CROWN LEVEL PROPERTIES, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/14/2021, and is in good standing in this state.

Certificate Number: B202111012118283

You may verify this certificate online at <a href="http://www.nvsos.gov">http://www.nvsos.gov</a>

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/01/2021.

Barbara K. Cegavske BARBARA K. CEGAVSKE Secretary of State