M22000012472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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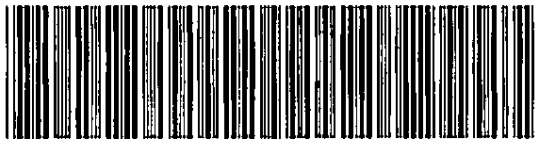

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2022 AUG -5 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX
AUG 10 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crow Appraisal, LLC
Name of Limited Liability Company

The Application For Foreign Limited Liability Company For Authorization to Transact Business in Florida," Certificate of Status and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please send all future correspondence concerning this matter to the following:

Patricia D. Crow
Name of Person

Crow Appraisal, LLC
Firm Company

23502 Nelson Ave.
Address

Port Charlotte, FL 33954
City State and Zip Code

Crowappraisal@earthlink.net
(e-mail address to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia D. Crow at 419 236-9998
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 | X $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. Crow Appraisal, LLC
(Name of Limited Liability Company; "L.L.C." or "LLC")

2. (Alternate name if name is unavailable in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

3. Ohio ; 286-64-0766
(State where formed or organized) (FEI number, if applicable)

4. 01/05/2021
(Date first transacted business in Florida, if determined prior to registering with the Florida Department of State)

5. 23502 Nelson Ave.
(Principal Office Address)

6. None
(Mailing Address)

Port Charlotte, FL 33954

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

Name: Patricia D. Crow

Office Address: 23502 Nelson Ave.

Port Charlotte, Florida 33954
(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.

Patricia D. Crow
(Signature of registered agent)

FILED
2021 AUG -5 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible] purposes list names, title or capacity and addresses of the primary members/managers or persons authorized to [illegible] (6) total.

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
X [illegible]	Name: Patricia D. Crow	Manager	Name:
Member	Address: 23502 Nelson Ave.	Member	Address:
Authorized	Port Charlotte, FL 33954	Authorized	
Person		Person	
Other	Other	Other	Other
[illegible]	Name	Manager	Name:
[illegible]	Address	Member	Address:
[illegible]ized		Authorized	
[illegible]		Person	
[illegible]	Other	Other	Other
[illegible]	Name	Manager	Name:
[illegible]	Address	Member	Address:
[illegible]		Authorized	
[illegible]		Person	
[illegible]	Other	Other	Other

[illegible] Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-[illegible] individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 [illegible] translator must be submitted.

[illegible] document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information [illegible] document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Patricia D. Crow
Signature of an authorized person

Patricia D. Crow
Typed or printed name of signee

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CROW APPRAISAL LLC, an Ohio Limited Liability Company, Registration Number 4273249, was organized in the State of Ohio on December 29, 2018, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of July, A.D. 2022.

Ohio Secretary of State

Validation Number: **202218803794**