

5/1/23, 11:26 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : THE LICENSE COMPANY LLC  
Account Number : I20210000181  
Phone : (844)484-2466  
Fax Number : (888)204-8716

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: info@thelicensecompany.com

Foreign Limited Liability Company  
Gold Crown Vacations, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gold Crown Vacations, 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:

The License Company LLC

Name of Person

The License Company LLC

Firm/Company

55 E Granada Blvd Unit 1415

Address

Ormond Beach, FL 32175

City/State and Zip Code

info@thelicensecompany.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

The License Company LLC at 844 484-2466

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

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:1. Gold Crown Vacations, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "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. Wyoming 3. 46-1633564  
(Jurisdiction under the law of which foreign limited liability company is organized) (F.L.C. number, if applicable)4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.001 & 605.002, F.S. to determine penalty liability)5. 1621 Central Ave 6. 1621 Central Ave  
(Street Address of Principal Office) (Mailing Address)  
Cheyenne, WY 82001 Cheyenne, WY 820017. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Northwest Registered Agent LLC  
Office Address: 7901 4th St N STE 300  
St. Petersburg, Florida 33702  
(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.*Tom Glove

(Registered agent's signature)

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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 type="checkbox"/> Manager	Name: <u>Summer Reyes Rodriguez Cruz</u>	<input type="checkbox"/> Manager	Name: <u>Roman Paul Solarez</u>
<input type="checkbox"/> Member	Address: <u>437 Margrethe Rd</u>	<input type="checkbox"/> Member	Address: <u>219 Forest Drive</u>
<input type="checkbox"/> Authorized	<u>Kalispell, Mt 59901</u>	<input type="checkbox"/> Authorized	<u>Kalispell, Mt 59901</u>
Person		Person	
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other <u>Vice President</u>	<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 authorized person

Roman Paul Solarez

Typed or printed name of signer

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**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**Gold Crown Vacations, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **December 20, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000634914**.

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 12th day of April, 2023 at 2:54 PM. This certificate is assigned ID Number 060042718.



A handwritten signature in cursive script that reads 'Chuck Gray'.

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.

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