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SECRETARY OF STATE
TALLAHASSEE, FL

T. LEMIEUX

JAN 25 2024

6

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Castle and Crown 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:

Matthew Wiley

Name of Person

Castle and Crown LLC

Firm/Company

1740 Old Fort Pkwy Suite 1209

Address

Murfreesboro, TN, 37129

City/State and Zip Code

hello@castleandcrowntravel.com

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

For further information concerning this matter, please call:

Matthew Wiley

615

653-7180

at (_____) _____

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 605.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Castle and Crown LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

Name of state (also enter alternate name adopted for the purpose of transacting business in Florida. If alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. Tennessee

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(If known, enter number of applicable)

4.

(Office first transacted business in Florida, if prior to registration.
(See sections 605.09(3) & 605.09(4), F.S., to determine penalty, if any.)

1740 Old Fort Pkwy Suite 1209

1740 Old Fort Pkwy Suite 1209

5.

Street Address of Principal Officer

6.

Mailing Address

Murfreesboro, TN

Murfreesboro, TN

37129

37129

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

Name: Jennifer Hershey

Office Address: 499 Fiddleleaf Circle

Melbourne 32903

(City)

Florida

(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 office 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)

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TALLAHASSEE, FL

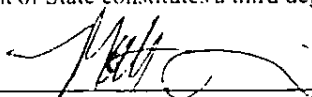
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Matthew Wiley	<input type="checkbox"/> Manager	Name: Kelly Wiley
<input checked="" type="checkbox"/> Member	Address: 719 Crown Ct	<input checked="" type="checkbox"/> Member	Address: 719 Crown Ct
<input type="checkbox"/> Authorized	Murfreesboro, TN	<input type="checkbox"/> Authorized	Murfreesboro, TN
Person	37129	Person	37129
<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 _____
 <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

Matthew Wiley

Typed or printed name of signee



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

December 11, 2023

Request Type: Certificate of Existence/Authorization
Request #: 0559770

Issuance Date: 12/11/2023
Copies Requested: 1

Document Receipt

Receipt #: 008497160
Payment-Credit Card - State Payment Center - CC #: 3864016023

Filing Fee: \$20.00
\$20.00

Regarding: Castle and Crown LLC

Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 09/12/2022
Status: Active
Duration Term: Perpetual
Business County: RUTHERFORD COUNTY

Control #: 1350737
Date Formed: 09/12/2022
Formation Locale: TENNESSEE
Inactive Date:

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

Castle and Crown 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

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