

Florida Department of State

Division of Corporations

M24000010354

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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

Email Address: Suzanne.Berndimaier@crowncork.com

Foreign Limited Liability Company
CROWN AMERICAS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$763.75

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CROWN Americas 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. Pennsylvania 3. 75-3099510
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. December 12, 2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>Hidden River Corporate Center Two</u> (Street Address of Principal Office)	6. <u>Hidden River Corporate Center Two</u> (Mailing Address)
<u>14025 Riveredge Drive, Ste. 300</u>	<u>14025 Riveredge Drive, Ste. 300</u>
<u>Tampa, FL 33637</u>	<u>Tampa, FL 33367</u>

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324
(City) , Florida (Zip code)

2024/08/12 PM 4:00

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.

Denise Bell

(Registered agent's signature) Denise Bell Asst. Secy.

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:

☐ Manager Name: Djalma Novaes, Jr.

☐ Member Address: Hidden River Corp Center Two

☒ Authorized 14025 Riveredge Drive, Ste. 300

Person Tampa, FL 33637

Title or Capacity: Name and Address:

☐ Manager Name: Ronald S. Cenderelli

☐ Member Address: 770 Township Line Road

☒ Authorized Yardley, PA 19067

Person _____

☐ Manager Name: David A. Beaver

☐ Member Address: 770 Township Line Road

☒ Authorized Yardley, PA 19067

Person _____

☐ Manager Name: Christy L. Kalas

☐ Member Address: 770 Township Line Road

☒ Authorized Yardley, PA 19067

Person _____

☐ Manager Name: Claudine Schelp

☐ Member Address: Hidden River Corp Center Two

☒ Authorized 14025 Riveredge Drive, Ste. 300

Person Tampa, FL 33637

☐ Manager Name: Adam Dickstein

☐ Member Address: 770 Township Line Road

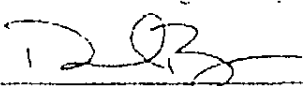
☒ Authorized Yardley, PA 19067

Person _____

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 605.0293 (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

David A. Beaver

Typed or printed name of signer

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: CROWN AMERICAS LLC
Request Type: Subsistence Certificate **Issuance Date:** August 08, 2024
Request No.: 040718021 **File No.:** 0003337938
Receipt No.: 001167211
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: September 27, 2005
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

CROWN AMERICAS LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov