

P18000018295

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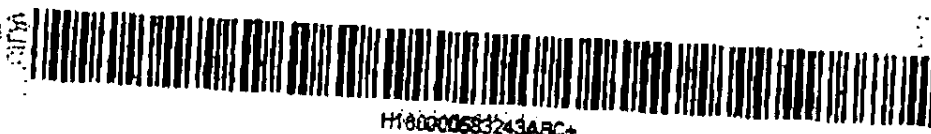
Division of Corporations

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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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) 617-6381

From:

Account Name : PADRO AND COMPANY, P.A.
Account Number : I20050000094
Phone : (305) 500-9361
Fax Number : (305) 500-9492

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

Email Address: yoquel@padrocpa.com

18 FEB 26 PM 3:01

2018 FEB 26 PM 4:56



February 26, 2018

PADRO AND COMPANY, P.A.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: CROWN AU
REF: W18000018944

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

FAX Aud. #: H18000058324
Letter Number: 718A00003939

H 18 0000 583243

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: CROWN AU Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

2520 NW 97 AVE

SUITE 120

MIAMI, FL 33172

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LAWFUL BUSINESS ACTIVITIES

ARTICLE IV SHARES

The number of shares of stock is: 2,500 @ 0.01 CENT

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN PABLO FUENTES PSTD

Address: SM 321 MC25 LOTE 23 CALLE PONCE

RES. GRAN SANTA FE II, CANCUN

QUINTANA ROO, MEXICO CP 77357

Name and Title: _____

Address: _____

Name and Title: LUIS DAVID ALVAREZ VPSTD

Address: AV. COBA CALLE DIAGONAL

IXCHEL#7 SM 26, CANCUN

QUINTANA ROO, MEXICO CP 77509

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

H180000 583243

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JOSE F. PADRO
Address: 2520 NW 97 AVE, 120
MIAMI, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUAN PABLO FUENTES
Address: SM 321 MC25 LOTE 23 CALLE PONCE
QUINTANA ROO, MEXICO CP 77357

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X Jose F. Padro
Required Signature/Registered Agent

2/22/18
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §817.155, F.S.

X [Signature]
Required Signature/Incorporator

15/02/18
Date