

# F02000002506

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CROWN SPECIALTIES, INCORPORATED  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JIM HALVERSON 400005507574--7  
-05/13/02--01106--011  
\*\*\*\*\*78.75 \*\*\*\*\*78.75  
(Name of Person)  
CROWN SPECIALTIES, INC.  
(Firm/Company)  
117 W. MAIN Box 73  
(Address)  
RICHMOND, MN 56368  
(City/State and Zip code)

For further information concerning this matter, please call:

JIM HALVERSON at ( 320 ) 597-4300  
(Name of Person) (Area Code & Daytime Telephone Number)

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02 MAY 13 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. CROWN SPECIALTIES, INCORPORATED  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. MINNESOTA 3. 41-2013892  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8/8/01 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. "Upon Qualification"  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. Coastland Center, US 41 & Golden Gate Parkway Naples, FL 34102  
(Principal office address)  
117 Main St W, PO Box 73 Richmond MN 56368  
(Current mailing address)

8. Retail Sale of hairpieces  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: WILLIAM D. ERICKSON

Office Address: 5612 LANCELOT LAKE

CAPE CORAL  
(City)

Florida 33914  
(Zip code)

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**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

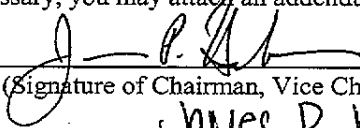
Chairman: James P. Halverson  
Address: 117 Main St W, PO Box 73  
Richmond, MN 56368  
Vice Chairman: Stephen L. Danner  
Address: 117 Main St W, PO Box 73  
Richmond, MN 56368  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_

B. OFFICERS

President: James P. Halverson  
Treasurer: 117 Main St W, PO Box 73  
Address: Richmond, MN 56368  
Vice President: Secretary Stephen L. Danner  
Address: 117 Main St W, PO Box 73  
Richmond, MN 56368  
Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_  
Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. James P. Halverson  
(Typed or printed name and capacity of person signing application)

State of Minnesota

# SECRETARY OF STATE

## Certificate of Good Standing

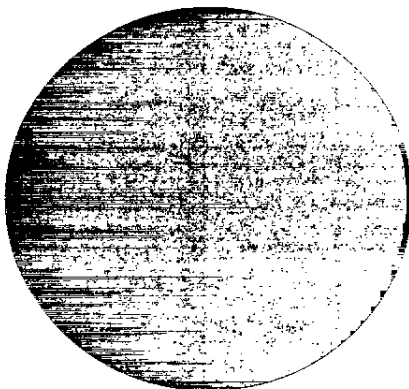
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Crown Specialties, Inc.

Date Formed: 08/08/2001

Chapter Governed By: 302A

This certificate has been issued on 04/16/02.



*Mary Kiffmeyer*  
Secretary of State.