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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

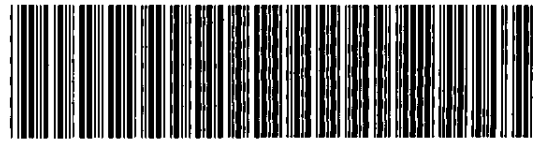
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MRS  
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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: CROFUTT & SMITH STORAGE WAREHOUSES, INC.  
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," or "Certificate of Good Standing" 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:

DONALD BRAND

Name of Person

CROFUTT & SMITH STORAGE WAREHOUSES, INC.

Firm/Company

P.O. Box 8001

1 LEVEL RD.

Address

LANAING NJ 07850

City/State and Zip code

DBRAND@CSMOVING.COM

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

For further information concerning this matter, please call:

DONALD BRAND

Name of Person

at ( 973 ) 347-7200 EXT 268

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

New Filing 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. CROFUST & SMITH STORAGE WAREHOUSES, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. N.J. 3. 22-1535646  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/24/1953 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1 LEVEL RD. LANDING, NJ 07850  
(Principal office address)  
P.O. Box 8001 LANDING, NJ 07850  
(Current mailing address)

8. TRANSPORTATION OF HOUSEHOLD GOODS  
(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 NOT acceptable)  
Name: NRAI SERVICES, INC.  
Office Address: 2731 EXECUTIVE PARK DR. SUITE 4  
WESTON, Florida 33331  
(City) (Zip code)

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.

NRAI Services, Inc.

By: Wendy D Rea

(Registered agent's signature)

Wendy D Rea, Assistant Secretary

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.

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TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: DENNIS SORHAGEN

Address: 1 LEVEL RD. P.O. Box 8001  
LANDING NJ 07850

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: ROGER SORHAGEN

Address: 1 LEVEL RD P.O. Box 8001  
LANDING NJ 07850

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: JAMES SORHAGEN

Address: 1 LEVEL RD., P.O. Box 8001 LANDING NJ 07850

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. \_\_\_\_\_

JAMES SORHAGEN - SECRETARY

(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
SHORT FORM STANDING

CROFUTT & SMITH STORAGE WAREHOUSES, INC.

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TALLAHASSEE FLORIDA

*With the Previous or Alternate Name*

**CROFUTT & SMITH MOVING & STORAGE (Alternate Name)**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on April 24, 1953.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and registered office are:*

*James T. Sorhagen  
1 Lenel Road  
Landing, NJ 07850*



Certification# 117797497

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed my  
Official Seal at Trenton, this  
2nd day of August, 2010*

A handwritten signature in black ink, appearing to be "A. H. J.", is written over the printed name of the State Treasurer.

State Treasurer

Verify this certificate at  
[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)