## F1000005512

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
· (Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
ANASSEE, FLORID

MD 12/16



December 3, 2010

RICHARD G. WILSON 3250 VAN NESS AVENUE SAN FRANCISCO, CA 94109

SUBJECT: WILLIAMS - SONOMA DTC, INC.

Ref. Number: W10000056267

We have received your document for WILLIAMS - SONOMA DTC, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A brief description of the entity's nature of business must be included in the document.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 410A00028204

## **COVER LETTER**

TO:		ing Section of Corporat	ions			
SUB.	IECT:	WILLI	Ams-son	DMA	OTC INC	•
			(Name of	corporati	on - must include suff	īx)
Dear S	Sir or Mada	am:				
"Certi	ficate of E	• •	, –			nsact Business in Florida," crenced foreign corporation to
Please	return all	corresponde	nce concerning (	his matte	r to the following:	
	,	ZI CHA	RD G.	WIL	f Person)	
	<u> </u>		· · · · · · · · · · · · · · · · · · ·	(Name o	f Person)	
		WILL	-IAMS-	sonos	m A OTC, IN	· C .
		3	250 VAN	Nes.	s Ave	
		<i>ر</i> م		(Add	ress)	
		S 6	IN FRANC	itu/Stato	, CA 9 and Zip code)	4109
			(0	niy/State	and Zip code)	
For fu	rther infor	nation conce	erning this matte	r, please	call:	
,	RICK	WILSO	at	415	) 616.576 Code & Daytime Tele	f
	(Name c	of Person)		(Area	Code & Daytime Tele	ephone Number)
Enclos	New Fili Division Clifton B 2661 Exe Tallahass	ng Section of Corporati duilding ecutive Cente see, FL 3236	er Circle	į	New Filing Division of P.O. Box 6	Corporations
<b>3</b> S70	),00 Filing		78.75 Filing Fee Certificate of St		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

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A. DIRECTORS	
· Chairman: PORIAN D. P. Bellamy	
Address: 3250 VAN NESS Ave	
SAN FRANCISCO, CA: 94109	
PICELIONE PATRICK & CONNOLLY	是 日 丁
Address: 2140 Clayton DR	THANSSEE FLOR
mento PARK CA 94025	THO B
Director: LAURA J ALBER	FLOGE 2
Address: 400 Rella VISTA Aue	A DE LE
Belvedere of 94920	
Director: SHARON MCCOLLAM	
Address: 3 OCIZANSIOE DR	
Redwood City CA 94065	
B. OFFICERS	
President: PATRICK J CONNOLLY	
Address: 2140 Clayton DR	
menlo PARK CA 94025	
Vice President: ART TROPP	
Address: 2747 BAKER St.	
SAN FRANCISCO CA 94123	
ASSTISTANT CHARLIES K BIRKett	
Address: 4 Pepper CRIEK WAY	ı
EUP LOU-CTO NOVATO CA 94947	
Address: 3 OCEANSIDE DR REDWOOD CITY CA 94065	
3 OCKANSIDE DR HEDWOOD City CA 94065	· · · · · · · · · · · · · · · · · · ·
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	nd/or directors.
13. Charle & Ant	
(Signature of Director or Officer listed in number 12 of the application)	634 - · · ·
14. CHARLES K BIRKETT ASSISTANT  (Typed or printed name and capacity of person signing application)	SECRETARY
(1) per or primes define and support of person signing application)	

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

WILLIAMS - SONOMA DTC, INC.

10 DEC 15 PM 3: 28
SECRETARISEE, FLORIDA

FILE NUMBER:

C2266760

FORMATION DATE:

10/26/2000

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 23, 2010.

DEBRA BOWEN Secretary of State