

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6391

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-1000

: (850)558-1515

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

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FOREIGN PROFIT/NONPROFIT CORPORATION CUSTOM CUPBOARDS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$720.00

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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.

(Enter name of co	orporation; must include "INCORPORA	TRD " "ሮርኒለው ልእነኝ " "ሮረነው	DOD A TION "	
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")	TIED, COMEANT, COR	FORATION,	
	,			
-				,
(If name unavaila	able in Florida, enter alternate corporate	name adopted for the purpose of	of transacting business in Florida)	
2. Kansas		3. <u>48-1083101</u>		
(State or country	under the law of which it is incorporated	i) (FEI nun	nber, if applicable)	
4. March 29, 199	90	5. Perpetual	28	<u>—</u>
(Date	of incorporation)	(Duration: Year corp. v	will cease to exist or "perperal")	FEB
6. March 15, 20				1-
	(Date first transacted busi (SEE SECTIONS 607.1501 &	ness in Plotida, if prior to regist	tration)	70
7, 3738 S. Norma		•	Hand washing the Color of the C	PH 12: 5
(Principal office address)				
Same	,	,	\$""	
(Current mailing address)				
			•	
8. Sale of Kitche	n and Bath cabinetry) of corporation authorized in home state			
· (Purpose(s	of corporation authorized in home state	e or country to be carried out in	state of Florida)	
9. Name and stree	t address of Florida registered agent:	(P.O. Box NOT acceptable	:)	
Name:	Corporation Service Company	······		
Office Address:	1201 Hays Street			
	Tallahassee	, Florida 32301		
	(City)	(Zip co	ode)	
10. Registered ag	ent's acceptance:			
Having been name	ed as registered agent and to accept	service of process for the ab	ove stated corporation at the p	lace
aesignatea in this further agree to co	application, I hereby accept the app omply with the provisions of all state	oiniment as registered agen utes relative to the proper an	t and agree to act in this capac d complete performance of m	ity. I duties.
and I am familiar with and accept the obligations of my position as registered agent.				
C	Corporation Service Company		AARIN A. A. Marin	
By: William M. Edrington Authorized Representative				е
	(Registered agent's signs	ature) //		

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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12. Names and business addresses of officers and/or directors:	7.776.01
A. DIRECTORS	SECRETARY OF STATE TALLAHASSEE FLORIDA
Chairman:	- FLUHIDA
Address:	a a
Vice Chairman:	
Address:	
Director: Vera Goodson	
Address: 3738 S. Norman St.	
Wichita, KS 67215-8943	
Director:	
Address;	
B. OFFICERS	
President: Dan Henry	
Vice President: Mael Hernandez	
Address: 3738 S. Norman St.	
Wichita, KS 67215-8943	
Secretary: Ron Henry	
Address: 3738 S. Norman St. Wichita, KS 67215-8943	
Treasurer: Chris Flickinger	
Address: 3738 S. Norman St. Wichita, KS 67215-8943	
NOTE: If necessary, you may attach an addendum to the application. 13	
Signature of Director of The officer or director signing this document (and who is listed in are true and that he or she is aware that false information submitted third degree felony as provided for in s.817.155, F.S.	number 12 above) affirms that the facts stated herein
14. Chris Flickinger CFO/Treasurer	

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

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Fall Island

OFFI CE OF SECRETARY OF STATE KRIS W. KOBACH

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 1732098

Entity Name: CUSTOM CUPBOARDS, INC.

Entity Type: KANSAS FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: ALEXANDER B. MITCHELL, II.

Registered Office: 1600 EPIC CTR 301 N MAIN ST, WICHITA, KS 67202

was filed in this office on March 29, 1990, and is in good standing, having fully complied with all requirements of this office.

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

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of February 01, 2011

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 396566 - To verify the validity of this certificate please visit https://www.accesskansas.org/bess/flow/validate and enter the certificate ID number.