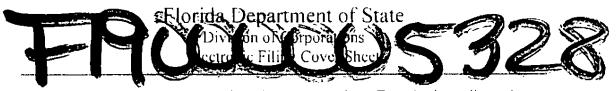
11/27/2019

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future

Email	Address:		

annual report mailings. Enter only one email address please.**

FOREIGN PROFIT/NONPROFIT CORPORATION QUALITY CRAFT INDUSTRIES INC.

Certificate of Status	0
Certified Copy	0
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DEC 0 2 2019

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. QUALITY CRAFT INDUSTRIES INC.

(If name unavail Washington	able in Florida, enter alternate corporate name a	idopted for the purpose of transacting busines 208121842	ss in Florida)	
(State or country under the law of which it is incorporated) 12/22/2006		(FEI number, if applicable)		
October 14 201	(Date of incorporation) (Date of duration, if other than per Deteber 14 2019			
415 ENTERPR	ISE DR, ROMEOVILLE,IL 60446-1092, UNI	02, F.S., to determine penalty liability) FED STATES	201	
	(Principa	al office address)	2010 RC 🗧	
	(Current mailin	g address, if different)	—————————————————————————————————————	
Name and <u>stree</u> Name:	ct address of Florida registered agent: (P.O C T Corporation System	. Box <u>NOT</u> acceptable)	2: 53	
fice Address:	1200 South Pine Island Road			
	Plantation,	, Florida		
	(City)	(Zip code)		

9. 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.

> Bree Zahner, Assistant Secretary (Registered agent's signature)

10. 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.

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

	CEO: John Brice	
Ghairman Address	301-17750-65A Ave	,
	Surrey, B.C. V3S 5N4 Canada	****
Vice Cha	imian:	
Address:		
Director: . Address: _	Dennis Hale	
	157 Chaucer Ct	
	Willewbrook, II. 60527 United States	
Director: _ Address: _	Joanne Devost	
	301-17750-65A Ave	
	Surrey, B.C. V3S 5N4 Canada	20
Address: _	Dennis Hale	5
	157 Chaucer Ct	27
	Willowbrook, IL 60527 United States	70 1
Address: _	CEO: John Brice	
	301-17750-65A Ave	
	Surrey, B.C. V3S 5N4 Canada	
- Secretary:	Joanne Devost	
	301-17750-65A Ave, Surrey, B.C. V3S 5N4 Canada	
Treasurer:	Joanne Devost	
Address:	301-17750-65A Ave, Surrey, В.С. V3S 5N4 Сапиda	
NOTE: .	If necessary, you may attach an addendum to the application listing additional officers and	or directors.
are true a a third de	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the nd that he or she is aware that false information submitted in a document to the Departmen gree felony as provided for in s.\$17.155, F.S.	e facts stated herein at of State constitutes
13. <u>Joan</u> s	ne Devost - Secretary and Treasurer	
	(Typed or printed name and capacity of person signing application)	

TOTALES .

- PERMIT

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- 3234332



Secretary of State

1, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

QUALITY CRAFT INDUSTRIES INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/22/2006.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 11/26/2019 UBI Number: 602 679 912



HERRERE -

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

tim Ulyna

Date Issued: 11/26/2019