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(Requ	uestor's Name)				
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PICK-UP	MAIT	MAIL			
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(Docu	ument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					





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## **COVER LETTER**

	tration Section				
SUBJECT	K R Commerc	ial Interiors, Inc.			
SOBJECT.		Name of corporat	ion - m	ust include suffix	
Dear Sir or Ma	adam:				
"Certificate of	Existence," o	by Foreign Corporation for "Certificate of Good Surporation to transact bus	tanding	" and check are sub	
Please return a	ill correspond	ence concerning this made	ter to th	ne following:	
		Name	of Perso	on	
KR Commercia	l Interiors, Inc.				
-		Firm/C	———ompany	/	
1011 East Lacy	Ave				
		Ad	dress	· · ·	
Anaheim CA 92	2805				
		City/State	and Z	ip code	
scot@kr-comm	ercial.com				
	E	-mail address: (to be use	d for fu	ture annual report	notification)
For further info	ormation conc	eerning this matter, pleas	e call:		
Scot Dahl		at (	5	Daytime Telephone Number	
Name	of Person	Area C	ode	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	eck payable to:	ollowing amount:  FLORIDA DEPARTME:  \$78.75 Filing Fee &  Certificate of Status	□ \$78	STATE 3.75 Filing Fee & rtified Copy	\$87.50 Filing Fee, Certificate of Status &

## 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.

L. K R Commercia	Il Interiors, Inc.				
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATI	ON."		
K R Commercia	il Interiors, Inc California				
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transac	ting business in Florida)		
2. California	y under the law of which it is incorporated)	93-098318			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
4. 8-3	30 - 1988 <sub>5.</sub>				
(Date	of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)		
6. 11/16/2020					
_ 302 West US Hw	(SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liab	oility)		
	y 92, Seffner FL 33584  (Principal off	ice <u>street</u> address)	N-1		
Same	(Current mailin	ng address, if different)	·		
0 N		2.0. 1/07	. 8		
8. Name and stree	. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)				
Name:	Scot Dahl				
Office Address:	302 West US Hwy 92		€		
office Address.	Seffner	Florida	₹. •		
	(City)	(Zip code)	1:3 #		

### 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.

(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.

#### A. DIRECTORS Name: \_\_\_\_Dahl Name: \_\_\_\_\_\_ · Chairman □ Chairman □Vice Chairman Address: 1011 East Lacy Ave ☐ Vice Chairman Address: Anhiem CA 92805 □ Director □ Director President □ President □Vice President □Vice President Secretary □Treasurer ☐ Secretary Treasurer ☐Other \_\_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐ Chairman Name: □ Chairman Name: □Vice Chairman Address: ☐ Vice Chairman Address: ☐ Director □ Director □ President □ President □Vice President \_\_\_\_\_ ☐ Vice President □Treasurer ☐Treasurer ☐ Secretary □ Secretary Other \_\_\_\_ Other \_\_\_\_ Other \_\_\_\_ □Other \_\_\_\_\_ ☐ Chairman Name: Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: ☐ Director □ Director □ President □ President □ Vice President □ Vice President ☐ Secretary ☐ Treasurer □ Secretary □Treasurer □Other \_\_\_\_\_ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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

Scot Dahl, President



I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

**Entity Name:** 

K R COMMERCIAL INTERIORS, INC.

File Number:

C1556813

Registration Date:

08/30/1988

**Entity Type:** 

DOMESTIC STOCK CORPORATION

Jurisdiction:

CALIFORNIA

Status:

ACTIVE (GOOD STANDING)

As of November 11, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, 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 12, 2020.

ALEX PADILLA Secretary of State

Certificate Verification Number: R9XEE6Z

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.