F20000005510

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(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:	

Office Use Only



200355943892

12/07/20--01006--007 **78.75

2020 B 1 1 1 C: 0.3

3/10/25

COVER LETTER

10: Registration Section Division of Corporations					
), 1 +				
SUBJECT: Nmerica Chaker Cabinets, Inc.					
Name of corporation - must include suffix					
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for Author	irration to Transact Ducin see in Clerida "				
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 Fl	orida.				
Please return all correspondence concerning this matter to the	following				
	ionowing.				
Chris Sass					
Name of Person					
American Shaker Cabnets	+				
Firm/Company					
1039 Jefferson St.	5-10-1				
Address					
New Port Richer FL	_ 34652				
City/State and Zip					
info a american Staker Cabine	to 10-				
E-mail address: (to be used for future	ts, (677) re annual report notification)				
For further information concerning this matter, please call:					
of runder information concerning this matter, please can.					
Chris Sass at 815, 3	7106				
Name of Person at (815) 315 - 719 8 Area Code Daytime Telephone Number					
Name of Person Area Code	Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
The Centre of Tallahassee	P.O. Box 6327				
2415 N. Monroe Street, Suite 810	Tallahassee, FL 32314				
Tallahassee, FL 32303					
Enclosed is a check for the following amount:					
Please make check payable to: FLORIDA DEPARTMENT OF ST					
	5 Filing Fee & See Section Se				

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

"Inc" "Co" "Corp." "Inc." "Co." or "Corp.")	
	te name adopted for the purpose of transacting business in Florida)
2	3. <u>85 - 100 4 3 9 1</u> (FEI number, if applicable)
4. <u>5-11-2020</u> (Date of incorporation)	5 (Date of duration, if other than perpetual)
6. December 2020	
(Date first transacted bu	isiness in Florida, if prior to registration)
1 .	& 607.1502. F.S., to determine penalty liability) Ste (New) Port Richard FL 3445
7. 7039 Jefferson St.	Ste New Port Richart J 3468
(1.11116	()
	•
(Curre	nt mailing address, if different)
(Сите	nt mailing address, if different)
8. Name and street address of Florida registered age	
8. Name and street address of Florida registered age Name:	nt: (P.O. Box NOT acceptable)
8. Name and <u>street address</u> of Florida registered age Name: <u>Amerm Sass</u> Office Address: 7039 Jefferson Sass	nt: (P.O. Box NOT acceptable)
8. Name and <u>street address</u> of Florida registered age Name: <u>Amerm Sass</u> Office Address: 7039 Jefferson Sass	nt: (P.O. Box NOT acceptable)
8. Name and <u>street address</u> of Florida registered age Name: <u>Amerm Sass</u> Office Address: 7039 Jefferson Sass	nt: (P.O. Box NOT acceptable)
8. Name and street address of Florida registered age Name:	nt: (P.O. Box NOT acceptable) St. Ste Carta Ste (Zip code)
8. Name and street address of Florida registered age Name:	nt: (P.O. Box NOT acceptable) St. Ste St. Ste St.
8. Name and street address of Florida registered age Name: Amer Sass Office Address: 7039 Jefferson Sass Ven Port Richer (City) 9. Registered agent's acceptance: Having been named as registered agent and to accepte designated in this application, I hereby accept the affurther agree to comply with the provisions of all steps.	rpt service of process for the above stated corporation at the place appointment as registered agent and agree to act in this capacity. I atutes relative to the proper and complete performance of my duties,
8. Name and street address of Florida registered age Name: Ameron Sass Office Address: 7039 Jefferson Sass NewPort Richer (City) 9. Registered agent's acceptance: Having been named as registered agent and to accepte designated in this application, I hereby accept the a	rpt service of process for the above stated corporation at the place appointment as registered agent and agree to act in this capacity. I atutes relative to the proper and complete performance of my duties,
8. Name and street address of Florida registered age Name: Amer Sass Office Address: 7039 Jefferson Salary VewPort Richer (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept a designated in this application, I hereby accept the a further agree to comply with the provisions of all stand I am familiar with and accept the obligations of	The service of process for the above stated corporation at the place appointment as registered agent and agree to act in this capacity. I atutes relative to the proper and complete performance of my duties, if my position as registered agent.
8. Name and street address of Florida registered age Name: Office Address: NewPort Riche (City) 9. Registered agent's acceptance: Having been named as registered agent and to accedesignated in this application, I hereby accept the afurther agree to comply with the provisions of all stand I am familiar with and accept the obligations of	The service of process for the above stated corporation at the place appointment as registered agent and agree to act in this capacity. I atutes relative to the proper and complete performance of my duties, if my position as registered agent.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	α						
□Chairman	Name: <u>Cameron Sass</u>	□Chairman	Name:				
□Vice Chairman	Address: 27036 Willer Col	□Vice Chairman	Address:				
□Director	Lake Barrington Ic	□Director					
EPresident	LOVIO	□President					
□Vice President		□Vice President		. <u>.</u>			
Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other	Other	□Other		Other			
□Chairman	Name:	□Chairman	Nama				
	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other		Other		□Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President		<u> </u>			
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other	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.							
12. Lin Sup 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)							

File Number

7272-957-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

AMERICAN SHAKER CABINETS, INC., A DOMESTIC CORPORATION, INCORPORATED, UNDER THE LAWS OF THIS STATE ON APRIL 23, 2020, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH day of NOVEMBER A.D. 2020 .

Authentication #: 2033003076 verifiable until 11/25/2021
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE