# F2100000562

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Croman Corp.	
Name of corporation - must	include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authoriz "Certificate of Existence," or "Certificate of Good Standing" are above referenced foreign corporation to transact business in Florida.	nd check are submitted to register the
Please return all correspondence concerning this matter to the fi	ollowing:
Name of Person	
Firm/Company 801 A Venue C	
White City OR	97503
City/State and Zip c  Jeanie Orice & Crome E-mail address: (to be used for future	an. net
For further information concerning this matter, please call:	
Jeanie Price at (541)  Name of Person Area Code	744-8273  Daytime Telephone 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
•	ATE 5 Filing Fee &   Certificate of Status of Certified Copy

## 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 corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Date tirst transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 801 Avenue irrent mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box, NOT acceptable) Name: Office Address: 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. 10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

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						
□Chairman	Name: Kory K. Kaufman	□ Chairman	Name:			
□Vice Chairman	Address: 7575 HILLCREST RD	□Vice Chairman	Address:			
Director	MEDFORD OR 97504	□Director		- <del></del>		
Rresident		□President	<del></del>			
□ Vice President		□Vice President		<u> </u>		
☐ Secretary	□Treasurer	Secretary		□Treasurer		
Other	Other	□Other		Other		
□Chairman	Name: Kurt K Kaufman	□Chairman	Name:			
□ Vice Chairman	Address: 1934 FAIRLAME DR.	□Vice Chairman	Address:	· · · · · · · · · · · · · · · · · · ·		
□Director	MEDFORD OR 97501	□Director				
□President		□President				
Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary		□Treasurer		
Other	Other	□Other		□Other		
	1 0					
□Chairman	Name: Arnold D Crass	□Chairman		<del></del>		
□Vice Chairman	Address: 294 WREN RIDGE DR	□Vice Chairman	Address:	<del></del>		
□Director	Eagle Point OR 97524	Director				
□President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	□Secretary		□Treasurer		
□Other	Other	□Other	<del>-</del>	Other		
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	t of State Annual Re	port form.			
12. <u> </u>	The 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.						
13. Kory Kaufman President (Typed or printed name and capacity of person signing application)						

## State of Oregon

## OFFICE OF THE SECRETARY OF STATE Corporation Division

## Certificate of Existence 129T625W7

I, SHEMIA FAGAN, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

#### CROMAN CORP.

is

#### Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

SHEMIA FAGAN SECRETARY OF STATE
1/12/2021