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### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 19, 2021

ROBERT SANDERS 4650 SAINT CROIX LN APT 724 NAPLES, FL 34109

SUBJECT: ARTISAN COFEE GROUP LTD

Ref. Number: W21000052475

We have received your document for ARTISAN COFEE GROUP LTD and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 821A00007953

RECEIVED
APR 2 6 2021

## **COVER LETTER**

_	stration Section sion of Corporations		· ·	
SUBJECT:	Artisan Coffee Group Ltd			
		ne of corporation	- must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign f Existence," or "Certificated foreign corporation to	ate of Good Star	iding" and check are sub	ct Business in Florida," omitted to register the
Please return	all correspondence conce	rning this matter	r to the following:	
Robert Sander	s			
	· · ·	Name of	Person	28 0
Artisan Coffee	Group Ltd INC			7/1/ 10/21/
		Firm/Con	ipany	17 88 TT
4650 Saint Cro	oix Ln, APT 724			20 N
	<del></del> ··	Addr	ess	THE PERSON NAMED IN
Naples, FL 34	109			73 5
		City/State a	nd Zip code	7 3
acg@csssi.con				
	E-mail addr	ess: (to be used t	for future annual report i	notification)
For further in	formation concerning this	s matter, please o	eall:	
Robert Sanders	S	818 at (	582-0853	
Name	e of Person	Area Cod	e Daytime Telep	hone Number
Regis Divis The C 2415	EET/COURIER ADDRI tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 hassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
	_	DEPARTMENT	OF STATE  3 \$78.75 Filing Fee & Certified Copy	<ul> <li>\$87.50 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

# 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.

	corporation; must include "INCORPORATI forp." "Inc." "Co." or "Corp.")	ED," "	'COMPANY," "CORPORATION,"	
Combustion Sy	stems Sales and Service TNC			
(If name unavail	able in Florida, enter alternate corporate na	me ado	opted for the purpose of transacting business in	Florida)
, Washington		3 41	7-2970476	
(State or count	ry under the law of which it is incorporated	)	(FEI number, if applicable)	
01/22/2015		5		
(Date	e of incorporation)		(Date of duration, if other than perpetua	1)
6. 04/01/2021				
	(SEE SECTIONS 607.1501 & 60 Ln. APT 724. Naples. FL 34109	7.1502	lorida, if prior to registration)  2. F.S., to determine penalty liability)	7
	(SEE SECTIONS 607.1501 & 60 Ln. APT 724. Naples. FL 34109	7.1502		2021 A
	(SEE SECTIONS 607.1501 & 60 Ln. APT 724, Naples, FL 34109 (Principal	7.1502 office	2, F.S., to determine penalty liability)	2021 APR 28
7	(SEE SECTIONS 607.1501 & 60 Ln. APT 724, Naples, FL 34109 (Principal	7.1502 office	street address)  address, if different)	
7	(SEE SECTIONS 607.1501 & 60 Ln. APT 724. Naples. FL 34109 (Principal	7.1502 office	street address)  address, if different)	
7. 4650 Saint Croix 8. Name and streen	(SEE SECTIONS 607.1501 & 60 Ln. APT 724. Naples. FL 34109  (Principal  (Current material address of Florida registered agent: (	7.1502 office	street address)  address, if different)	2021 APR 28 PM 4: 13
7. 4650 Saint Croix 8. Name and stre	(SEE SECTIONS 607.1501 & 60 Ln. APT 724. Naples. FL 34109  (Principal  (Current material address of Florida registered agent: ( Robert Sanders  4650 Saint Croix Ln. APT 724	office	street address)  address, if different)	

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 Marty G. Curtis Robert Sanders □ Chairman □Chairman Name: 27327 144th Ave SE 4650 Saint Croix Ln, APT 724 □ Vice Chairman Address: Address: □Vice Chairman Kent, WA 98042 Naples, FL 34109 □ Director □ Director President □President □ Vice President \_\_ ☐ Vice President □Treasurer □ Secretary ■ Secretary □Treasurer □Other \_\_\_\_\_ □ Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman □Chairman Name: □Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_ □Director □ Director □President □President □Vice President \_\_\_\_ ☐ Vice President □ Secretary ☐ Treasurer ☐ Secretary □Other \_\_\_\_ □ Other □Other \_\_\_ □ Chairman □ Chairman Name: Name: ☐ Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: □ Director □ Director □ President □President ☐ 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. Cute 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.

, Marty G. Curtis, President





# 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

ARTISAN COFFEE GROUP LTD.

021 APR 28 PM 4: 13
ECRETARY OF STATE
TALLAHASSEE, FL

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 01/22/2015.

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.

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

1 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:

03/13/2021

UBI Number:

603 470 861



ECT-18117 -

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

Kim Wyman, Secretary of State

Date Issued: 03/13/2021