# 1220000004447

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<i>= #</i> )
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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### **COVER LETTER**

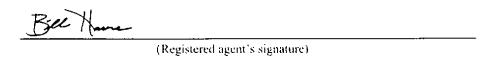
TO: Registration Section Division of Corporations			
<sub>SUBJECT:</sub> Natural Crafts, I	nc.		
		must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to tran	f Good Stand	ing" and check are submitte	isiness in Florida," ed to register the
Please return all correspondence concerning	g this matter to	o the following:	
Eric Steenstra			
	Name of Pe	erson	
Natural Crafts, Inc.			
	Firm/Comp	any	
8635 Midnight Pass Rd.	., Apt. C	202	
	Addres	S	
Sarasota, FL 34242			
	City/State and	d Zip code	
ericsteenstra@gmail.com			<u>-</u> -
E-mail address: (	to be used fo	r future annual report notifi	cation)
For further information concerning this mat	ter, please ca	II:	
Eric Steenstra	, 703	539-2736	
Name of Person	Area Code	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 ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahussee, FL 3	on rations
Enclosed is a check for the following amount Please make check payable to: FLORIDA DEI X \$70.00 Filing Fee	PARTMENT ( Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87,50 Filing Fee, Certificate of Status & 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.

	orporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp,")	COMPANY," "CORPORATION,"		•
				_
	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting bus	siness in Florida)	
Virginia	3			_
	y under the law of which it is incorporated)	(FEI number, if applica	ble)	
03/22/20	)16 <sub>5.</sub>			
(Date	of incorporation)	(Date of duration, if other than p	perpetual)	-
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,			
4445 Cor	poration Ln. STE 264 Virgin	ia Beach VA	75 <b>2</b>	_
	(Principal office s			
4445 Cor	poration Ln. STE 264 Virgini	a Beach VA 23462	SLECTION STATES	 
	(Current mailing ac	ddress, if different)	<b>JUL</b> -8	[
			773 <u>- 10</u>	ĵ
Name and stree	et address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	2. 2. 2.	Ţ
Name:	Registered Agents Inc.	_	PH 12: 32	
ffice Address:	7901 4th St N STE 300	_	\$ N	
	St. Petersburg	_ , Florida 33702		
	(City)	(Zip code)		

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 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			
□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	□Other
□Chairman	Name:	□ Chairman	Name: Eric Steenstra
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	8635 Midnight Pass Rd, Apt. C202
□President		President	Sarasota FL 34242
□Vice President		□Vice President	
☐Secretary	□Tieasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	□Other
□Chairman	Name: Eric Steenstra	□ Chairman	Name: Eric Steenstra
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	8635 Midnight Pass Rd, Apt. C202	Director	8635 Midnight Pass Rd, Apt. C202
□President	Sarasota FL 34242	□President	Sarasota FL 34242
XVice President		□Vice President	
□Secretary	□Treasurer	Secretary	□Treasurer
□Other	Other	□Other	Other
Important Notice individuals may be	Use an attachment to report more than six (6). The at e added to the index when filing your Florida Departr	ment of State Annual R	ed for reporting purposes only. Non-indexed eport form.

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 8.817.155, F.S.

Eric Steenstra

## Common box althor Hirginia



### State Corporation Commission

#### CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Natural Crafts, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on March 22, 2016;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

May 22, 2022

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2022052217321350