(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
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DEC - 1 2022 M. SOLOMON

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Unified Cahinetry, Name of corporation -	must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Stand above referenced foreign corporation to transact business	ing" and check are submitted to register the
Please return all correspondence concerning this matter to	
Dan Prescott Johnson	n
Name of Pe	erson
Unified Cabinetry I	nc.
Firm/Comp	any Hr. C
1200 Sandal Ln Apt	1202
Panama City Beach, Flor	S
unifiedcab @ ama	il. com
E-mail address: (to be used fo	r future annual report notification)
For further information concerning this matter, please ca	II:
Don P. Johnson at 804 Name of Person Area Code	) 839 - 2346 Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tailahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
<u> </u>	DF STATE  \$78.75 Filing Fee &  Certified Copy  Certified Copy  Certified Copy  Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN 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)	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2 Virginia 3. 46-1169040	
2. Virginia 3. 46-1169040 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. October 9, 2012 5. (Date of incorporation) 5.	
(Date of incorporation) (Date of duration, if other than perpetual)	
6.	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
1200 Sandal Ln., Apt, 1202	
(Principal office street address)	
Parana City Beach, F1 32413 (Current mailing address, if different)	202
	2022 NOV
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	¥ -3
n = 1	
Office Address: 1200 Sanda / Ln. Apt. 1202	PH 4: 47
Panama City Beach Florida 32413	1.7
(City) (Zip code)	

### 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.

Man P. Johnson
(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							
□Chairman	Name: Dan P. Johnson	Chairman	Name:				
□Vice Chairman	Address: 1200 Sandal Ln	□Vice Chairman	Address:				
<b>X</b> Director	Apt. 1202	□Director		<del></del>			
<b>∑</b> President	Panama City Beach, FL	□President					
□Vice President	32413	□Vice President					
⊠Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	Other	□Other	<del></del>	□Other			
			Manage				
	Name:	□ Chairmun					
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director	<del></del>				
□President	<del></del>	□President					
□Vice President		□Vice President					
□Secretary	Treasurer	□Secretary		□Treasurer			
□Other	□ Other	□Other	<del></del>				
□Chairman	Name:	□ Chairman	Name:	22 ds			
□Vice Chairman	Address:	□Vice Chairman	Address:	-, <u>-</u>			
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Sccretary	Treasurer	□Secretary		□Treasurer			
□Other	□ Other	Other	<u>.</u>	□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. 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	(Typed or printed name and capacity of perso	esiclent in signing application	1)				

# Common brealth of Hirginia



## State Corporation Commission

### CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Unified Cabinetry, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on October 10, 2012;

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:

October 31, 2022

Bernard J. Logan, Clerk of the Commission



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 24, 2022

DAN PRESCOTT JOHNSON UNIFIED CABINETRY, INC. 1200 SANDAL LN. APT. 1202 PANAMA CITY BEACH, FL 32413

SUBJECT: UNIFIED CABINETRY, INC.

Ref. Number: W22000134332

We have received your document for UNIFIED CABINETRY, INC. and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a Foreign LLC, but your entity is a Foreign INC. Please complete and return the enclosed blank form(s).

A corporation may not serve as its own registered agent. Please designate the individual whose typed signature appears on the registered agent signature line.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Letter Number: 522A00023791

Mel Solomon
Senior Section Administrator