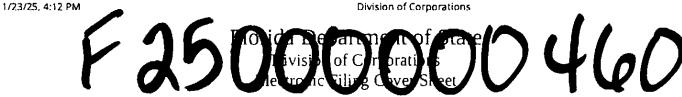
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

FOREIGN PROFIT/NONPROFIT CORPORATION Cabin Closeout Store Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Corporate Filing Menu

Electronic Filing Menu

Help

1/23/202**2** 13:15:08 PST To: 18506176383 Page: 2/4 Fex: 8134365206

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.

Cabin Closeout Store Inc.						
	ne of corporation; must include "INCORPoor," "Corp," "Inc." "Co," or "Corp.")	ORATED," "C	OMPANY," "CORPORATION,"			
(If name t	unavailable in Florida, enter alternate corpo	orate name ado	nted for the purpose of transacting busine	ss in Florida)		
2. DE		3.				
(State or	(State or country under the law of which it is incorporate		(FEI number, if applicable)			
4. 06/27/20	23	5.				
··	(Date of incorporation)		(Date of duration, if other than perp	etual)		
6.						
	(Date first transacted		orida, if prior to registration) F.S., to determine penalty liability)			
/·		incipal office s	treet address)			
7901 4ւի ։	St N STE 300 St. Petersburg FL 33702					
	(Cui	rent mailing ac	dress, if different)	· F		
	me: Registered Agents Inc 7901 4th St N STE 300 St. Petersburg (City)	gent: (P.O. B	ox <u>NOT</u> acceptable) - _ , Florida	11. 11. 11. 11. 11. 11. 11. 11. 11. 11.		

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.

David Paperts		
	(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.

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A. DIRECTORS Jennifer Betts Frederick lenarcic □ Chairman ☐ Chairman Name: 7901 4th St N STE 300 7901 4th St N STE 300 □ Vice Chairman Address: ☐Vice Chairman Address: St. Petersburg FL 33702 St. Petersburg FL 33702 **X**iDirector **₩** Director President ☐ President □Vice President □Vice President ___ **X**Treasurer □Secretary Treasurer ☐ Secretary □Other _____ ☐ Other ______ □Other _____ Other _____ Karen Finch Name: □ Chairman Chairman Name: 7901 4th St N STE 300 □Vice Chairman Address: ☐ Vice Chairman Address: St. Petersburg FL 33702 **∭**Director ☐ Director □President □ President □ Vice President ☐ Vice President **X** Secretary ☐ Secretary ☐ Treasurer ☐ Treasurer □Other _____ Other ____ □Other ____ Other _____ □ Chairman Name: ______ □ Chairman Name: LJVice Chairman Address: UVice Chairman Address: Director Director | □ President □ President ☐ Vice President □Vice President □ Secretary □ Treasurer □ Secretary □Treasurer □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.

erick lenarcic

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.

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CABIN CLOSEOUT STORE INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CABIN CLOSEOUT STORE INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JUNE,

A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202730347

Date: 01-20-25