

M14000000313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

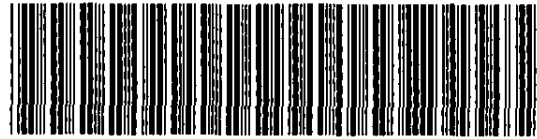
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000255008690

W14-2271

RECEIVED
DEPARTMENT OF STATE
14 JAN 10 PM 1:55

FILED
14 JAN 10 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 17 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 957462 7187319

AUTHORIZATION :

COST LIMIT : \$ 125

Lyndee

ORDER DATE : January 10, 2014

ORDER TIME : 12:57 PM

ORDER NO. : 957462-045

CUSTOMER NO: 7187319

FOREIGN FILINGS

NAME: 3FORM, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2014

CSC
ATTN: HARRY B. DAVIS

SUBJECT: 3FORM, LLC
Ref. Number: W14000002271

RESUBMIT

Please give original
submission date as file date.

TO: HARRY B. DAVIS
SUBJECT: 3FORM, LLC
DATE: 1/13/14

2014 JAN 13 PM 2:06

We have received your document for 3FORM, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Tim Burch
Regulatory Specialist II

Letter Number: 214A00000777

HunterDouglas

1 Blue Hill Plaza, Pearl River, NY USA
Tel. 845-664-7000
Corporate Offices

January 15, 2014.

Account Management - Mail Stop 1-5611
Florida Department of Revenue
5050 W Tennessee St.
Tallahassee, FL 32399-0160

RE: Consent letter for the use of "3form" for Florida Business Tax Application Form DR-1

3 Form Inc.
2300 South, 2300 West, Suite B
Salt Lake City, UT 84119
FEIN: 87-0550558

Order #: 957-462-45
Order Date: 01/10/2014

Dear Sir or Madam,

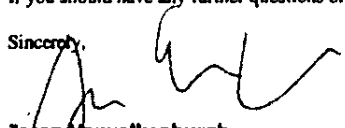
We are writing to you in regards to correspondence received from our agent in the State - CSC regarding its attempt to register 3form LLC. Apparently the use of the words "3 form", in a recent Florida Tax Application submitted for 3form LLC (EIN# 46-3882269) was not permitted for one year because the name was used by 3form Inc. (now out of existence). (See copy of letter attached as ITEM I). Please note that effective 01/01/2014, 3 Form Inc., has been merged into a newly formed LLC named 3form LLC, with 3form LLC being the surviving entity. (See copy of merger document as ITEM II attached).

Please note that there has been no change in the method 3form LLC conducts business within the state, location of operation or books and records or change in corporate officers, from the predecessor company 3 Form Inc. In addition, 3Form Inc., has already or is currently in the process of withdrawing from the state of Florida.

This signed waiver is consent by 3form Inc. to waive the one year period, and to immediately allow 3form LLC to be able to utilize "3form" in the Florida Business Tax Application recently submitted, as well as for all future submissions and filings with the state of Florida. Please be advised that 3form Inc. has no intention of reinstating in Florida and is hereby releasing the name 3form for use by 3form LLC.

If you should have any further questions or require any additional information, please call me at (845)-664-7264.

Sincerely,


Jason Vanvolkenburgh
Associate General Counsel
Legal Department
Hunter Douglas, Inc.
1 Blue Hill Plaza
Pearl River, NY 10965
Work - (845) 664-7264

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. 3form, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2300 South 2300 West
Salt Lake City, Utah 84119
(Street Address of Principal Office)

6. 2300 South 2300 West
Salt Lake City, Utah 84119
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Jason Van Volkenburgh, One Blue Hill Plaza, Pearl River, NY 10965 , Authorized person

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Jason Van Volkenburgh

Typed or printed name of signee

FILED
14 JAN 10 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

3form, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL

32301

City/State/Zip

14 JAN 10 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

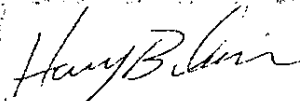
FILED

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Corporation Service Company

By

(Signature)



Harry B. Davis
Asst. Vice President

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "3FORM, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3FORM, LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D. 2013.

FILED
14 JAN 10 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5363573 8300

140033050

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1048952

DATE: 01-10-14