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	(Req	uestor's Name)	
	(Add	ress)	<u></u>
	(Add	ress)	
	(City	/State/Zip/Phone	e #)
PICK-U	>	☐ WAIT	MAIL.
	(Bus	iness Entity Nar	me)
	(Doc	ument Number)	
Certified Copies	·····	Certificates	s of Status
Special Instructions	s to F	iling Officer:	

Office Use Only



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07/03/14--01009--020 **125.00



COVER LETTER

TO:	Registration Section Division of Corporation	s		
SUBJEC	CT: CHAPE	HEADWEA Name of Limit	R LLC ed Liability Company	
The encl Existence	osed "Application by Fore, and check are submitted	eign Limited Liability Com I to register the above refer	pany for Authorization to Trenced foreign limited liability	ansact Business in Florida," Certificate of y company to transact business in Florida
Please re	eturn all correspondence c	oncerning this matter to the	following:	
	Gwe	n Nguyen	ame of Person	
	<u>Cha</u>	pel Headwe	av LLC irm/Company	
	2215	5 Plaza De	2 # 120 Address	
	Lo	ctlin, CA C	45765 tate and Zip Code	
			hats. Com	ration)
For furth	er information concerning	this matter, please call:		
	Gwen Ng	Contact Person	at (<u>916</u>) 43	S -4178 #105 ytime Telephone Number
i	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divisio Registra Clifton 2661 E	n of Corporations ation Section Building executive Center Circle ssee, FL 32301	
Enclose	ed is a check for the for \$1.\$125.00 Filing Fee	Illowing amount: \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:
CHAPEL HEADWEAR 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:
John McKerman
1642 E BUENA VISTA DR #A Florida Street Address (P.O. Box NOT ACCEPTABLE)
Lake Buena Vista FL 32830 City/State/Zip
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. Signature)
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE O.	
1. CHAPEL HEADWEAR 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. The	olternate name must include "T imited
Liability Company," "L.L.C," or "LLC.")	ancinate name must menude Eminica
2. CALIFORNIA (Jurisdiction under the law of which foreign limited liability (FEI number of the law of which foreign limited liability) (FEI number of the law of the law of which foreign limited liability)	8755
(Jurisdiction under the law of which foreign limited liability (FEI numbe company is organized)	r, 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. 2215 PLAZA DR #120	
0	
KOCKLIN, CA 95765 (Street Address of Principal Office)	
5. 2215 PLAZA DR #120	
,	
ROCKLIN, CA 95765 (Mailing Address)	v.e. v.e. e.e. e.e.
7. The name, title or capacity and address of the person(s) who has/have author	ity to manage is/are:
	- Try to manage is/arc.
GWEN NGUTEN, Compoller	
2215 Plaza De, #120	Programme and the second
Rocklin, CA 95765	
POCE 11 / 15 / 163	
3. Attached is an original certificate of existence, no more than 90 days old, duly aving custody of records in the jurisdiction under the law of which it is organize cceptable. If the certificate is in a foreign language, a translation of the certificate uses the submitted)	ed. (A photocopy is not
Umm	
Signature of an authorized person n accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penaltie m aware that any false information submitted in a document to the Department of State constitutes a third degree felon.	s of perjury that the facts stated herein are true y as provided for in s.817.155, F.S.)
GWEN NGUYEN	
Typed or printed name of signee	

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: CHAPEL HEADWEAR, LLC

FILE NUMBER:

201009710257

FORMATION DATE:

04/02/2010

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 30, 2014.

DEBRA BOWEN
Secretary of State