### M14000005875

(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



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 2, 2023

NATHANAEL ELBRECHT RW SUPPLY AND DESIGN, LLC 1054 CHESTNUT BEND WEST PLAINS, MO 65775

SUBJECT: REAL WOOD FLOORS STORE, LLC

Ref. Number: M14000005875

We have received your document for REAL WOOD FLOORS STORE, LLC and open check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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) 245-6050.

Tammi Cline Regulatory Specialist II Supervisor

Letter Number: 823A00012536

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# 2073 (17) 19 77171 00

#### **COVER LETTER**

TO: Registration Section

Division of Co.	rporations		
SUBJECT: RW Supply	y and Design, LLC		
	Name of Foreig	n Limited Liab	oility Company
Dear Sir or Madam:			
The enclosed application	on, certificate and fee(s)	are submitted	for filing.
Please return all corres	pondence concerning thi	is matter to the	following:
Nathanael Elbrecht			
	Name of Person		<del>-</del>
RW Supply and Design, I	LC		
	Firm/Company		_
1054 Chestnut Bend			
	Address		
West Plains MO 65775			
	City/State and Zip Code	2	_
nae@rwbrands.com			
E-mail address: (to b	be used for future annual	report notifica	ation)
For further information	n concerning this matter,	please call:	
Nathanael Elbrecht		405 at (	7062792
Name o	of Person		e & Daytime Telephone Number
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	check for the following ■ \$30 Filing Fee & Certificate of Status	amount: ☐ \$55 Filing Certified (	<del>-</del>

# 2073 J. 1. 1. 1. 1. 1. 0.0

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	on the records of the Florida l	Department of
State: REAL WOOD FLOORS STORE, LLC		
		<del>-</del>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
- 2. The Florida document number of this limited liab		875
3. Jurisdiction of its organization: MISSOURI		
4. Date authorized to do business in Florida: $\frac{08/18}{}$	2014	<del></del>
SECTION II (5-9 complete only the applicable of	hanges)	
5. New name of the limited liability company: RY (must example)	W Supply and Design, LLC contain "Limited Liability Co	ompany, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C.	for the purpose of transacting aging members adopting the a ." or "LLC.")	business in Florida and attach a alternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	l officer address on our record	ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Plora	la Street Address
	Z34.	Florida
	City	zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a and accept the obligations of my position as registed document is being filed to merely reflect a change in liability company has been notified in writing of this	t and agree to act in this capa and complete performance of i red agent as provided for in C n the registered office address	my duties, and I am familiar with Chapter 605, F.S. Or, if this
——————————————————————————————————————	anging Registered Agent, Sig	nature of New Registered Agent

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
MR	SAMUEL WAYNE COBB	1054 CHESTNUT BEND	<b>=</b> Add
		WEST PLAINS MO 65775	□Remove
MR	CLYDE ALLEN ELBRECHT	1054 CHESTNUT BEND	<b>=</b> Add
		WEST PLAINS MO 65775	
			□Add
			Remove
			□Add
			□Remove
			□Add
aforemention	n certificate, if required: no more than ned amendment(s), duly authenticated inder the law of which this entity is or	by the official having custody of records in the	□Remove

Typed or printed name of signce

Filing Fee: \$25.00

## STATE OF MISSOURY



#### John R. Ashcroft Secretary of State

CERTIFICATE OF MERGER
MISSOURI ENTITY SURVIVING

WHEREAS. Articles of Merger of the following entities:

Real Wood Floors, LLC - LC0646474 INTO: MASTER'S CRAFT, LLC - LC014416091

organized and existing under the laws of Missouri have been received, found to conform to law, and filed.

NOW, THEREOF, I, JOHN R, ASHCROFT, Secretary of State of the State of Missouri, issue this Certificate of Merger, certifying that the merger of the aforenamed entities is effected, with

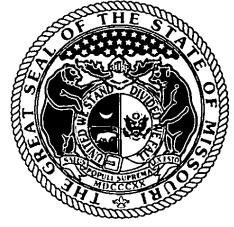
MASTER'S CRAFT, LLC - LC014416091

as the surviving entity.

The name subsequently changed to:

RW Supply and Design, LLC

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 1st day of November, 2022.



## STATE OF MISSOURY



#### John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

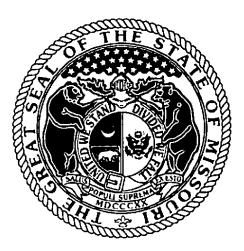
I, JOHN R, ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

RW Supply and Design, LLC LC014416091

was created under the laws of this State on the 24th day of July, 1998, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 22nd day of March, 2023.

Secretary of Stale



Certification, Number: CERT-03222023-0027