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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number))
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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St. C. Mi

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195	
REFERENCE : 292288 81076	13
AUTHORIZATION : July 8 and	,
COST LIMIT : \$ 155.00	
ORDER DATE : September 15, 2016	
ORDER TIME : 1:46 PM	
ORDER NO. : 292288-005	2016 ALL:
CUSTOMER NO: 8107613	
FOREIGN FILINGS	
NAME: COVERCRAFT INDUSTRIES, LLC	2+ —
XXXX QUALIFICATION (TYPE: <u>LL</u>)	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT# 62956

COVER LETTER

TO:

TO:		ration Section n of Corporation	ns					
SUBJE	Cc CT:	overcraft Industrie	es, LLC					
			Name of	Limited Liability	Company			
			reign Limited Liability Comp ed to register the above refere					
Please	return all	correspondence	concerning this matter to the	following:				
		Howard Grider	•					
			N	ame of Person	·			
		Covercraft Ind	ustries, LLC					
			Fi	rm/Company			_	
		100 Enterprise	Blvd					
				Address				
		Pauls Valley C	Ж 73075			; 	. 83	
		 	City/S	tate and Zip Code	:	>	2015	singery.
		hgrider@coverc					H H	ar receives processes processes
			E-mail address: (to be use	d for future annua	report not	tification)	- <u>-</u>	لبلأ
For fur	ther info	mation concernir	ng this matter, please call:			0.T.0	> .	O
	Howar	rd Grid e r		405 at (238-96	51 Ext. 9205	ي بيا	
		Name	of Contact Person	Area Code	Day	time Telephone Number		
	Division Registr P.O. B	ING ADDRESS on of Corporation ration Section ox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301		
Enclose		eck for the follow 5.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Fili Certified Copy		☐ \$160.00 Filing Fee, of Status & Certified C		

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

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

Covercraft Industries, L	LC ign Limited Liability Company; must inc	lude "Limited Liab	ility Company," "L.L.C.," or "	LLC.")
· · · · · · · · · · · · · · · · · · ·				<u>, </u>
(If name unavailable, enter all Liability Company," "L.L.C,"	ternate name adopted for the purpose of t or "LLC.")	ransacting business	in Florida. The alternate name	must include "Limited
2. California		3. 95-2481692		
company is organized)	of which foreign limited liability	·	(FEI number, if applicable)	A TOTAL CONTRACTOR OF THE PARTY
4. 8/5/2016				
	(Date first transacted business in (See sections 605.0904 & 605.0905)	Florida, if prior to	registration.) penalty liability)	
5	•	•		
100 Enterprise Blvd, Pa				
707 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Street Address of Princ	ipal Office)		
6				
100 Enterprise Blvd, Pa	•		·	
····	(Mailing Addr	ess)		# Na
7. Name and street addres	ss of Florida registered agent: (P.O. I	Box <u>NOT</u> accepta	able)	
Name:	Corporation Service Company		_	The State of the s
Office Address:	1201 Hays Street			
	Tallahassee		, Florida 32301	
	(City)		, Florida(Zip code)	
Registered agent's accep	tance:			<u></u>
	gistered agent and to accept service tion, I hereby accept the appointmet			
to complywith the provision	ous of all statutes relative to the proj			
accept the obligations of i	ny position as registered agent. Corporation Services sympany	0	Judith 1	Reyes
	By://WWW	14	Assistant S	Secretary
	(Registered	agent's signature)		
8: The name, title or capa	acity and address of the person(s) who	o has/have author	ity to manage is/are:	
	Holdings, LLC, 2101 Rosecrans Aven			mber
	······································			
				
				············
9 Attached is a certificate	of existence, no more than 90 days of	dd duly authentic	rated by the official having o	nistady of records in the
jurisdiction under the law	of which it is organized. (If the certif			
of the translator must be so				
	Howard Gride	1		•
	Howard Hude Signature of a	n authorized person	n	
This document is executed submitted in a document to	d in accordance with section 605.0203 to the Department of State constitutes	3 (1) (b), Florida :	Statutes, I am aware that any	false information
A to document h	Howard Grider	andice itil	, w provided tot in 5.01 (.	100,110.

Typed or printed name of signee

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: COVERCRAFT INDUSTRIES, LLC

FILE NUMBER:

201516710399

FORMATION DATE:

06/16/2015

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 September 15, 2016.

ALEX PADILLA
Secretary of State