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(Re	questor's Name)				
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(Cit	y/State/Zip/Phone	#1)			
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(Bu	siness Entity Nam	ne)			
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Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
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SECRETARY OF STATE
TALLAHASSEE, FLORIDG



FLORIDA DEPARTMENT OF STATE Division of Corporations

4: 8

April 13, 2016

MARSHA DURHAM 1400 WARREN DR MARSHALL, TX 75672

SUBJECT: CROWN CABINET, LLC

Ref. Number: W16000027367

We have received your document for CROWN CABINET, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 516A00007598

COVER LETTER

TO:

Registration Section

. Division of Corporations	
Crown Cabinet, LLC SUBJECT:	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida Existence, and check are submitted to register the above referenced foreign limited liability company to transact but	
Please return all correspondence concerning this matter to the following:	
Marsha Durham	
Name of Person	_
Crown Cabinet, LLC	
Firm/Company	_
1400 Warren Drive	
Address ASS	_ _ မြော
Marshall, TX 75672	JAN-3 PH 4: 22
City/State and Zip Code	ੁ ਦ - ਨਾ
gable@airmail.net	N
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Malcolm Gable 972 771-0972 at ()	
Name of Contact Person Area Code Daytime Telephone Number	_
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
Enclosed is a check for the following amount: \$\Begin{array}{c c c c c c c c c c c c c c c c c c 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:

1. Crown Cabinet, LLC									, ,
Republic Crown, LLC	eign Limited Liability C	ompany; must	include	"Limited Lia	ability Compai	ıy,^ ~L.L.C.,~	or "LLC.")		
(If name unavailable, enter a	Itemate name adopted for	or the purpose	of transa	cting busine	ss in Florida.	The alternate i	name must ir	ıclude	Limited
Liability Company," "L.L.C, 2. Texas	, or LLC.		_ 7	5-2460194					
(Jurisdiction under the law company is organized)	of which foreign limite	d lubility	3. <u>-</u>		(FEI numb	er, il applicat	ole)		 .
4	-				·				
	(Date first tran (See sections 605	.0904 & 605.0	s in Fior 905, F.S	da, it prior i . to determin	o registration. le penalty liabi	lity)			
5. 1400 Warren Drive					****				**₌ .
Marshall, TX 75672									
	(Stree	t Address of Pr	incipal (Ollice)			·		1
6. 1400 Warren Drive									
Marshall, TX 75672							5		
	· · · · · · · · · · · · · · · · · · ·	(Mailing A	ddress)					ゴ	
7. Name and street address	ss of Florida registere	d agent: (P.C). Box	NOT accep	table)		金	JAN	1.7.7
Name:	CT Corporation Sy	stěm					ASS.	-3	en mar . Elace po
Office Address:	1200 South Pine Isl	land Road			_		بل 13.0 13.0 با		
	Plantation				Florida	3324	101 11S	7:	Town Town
		(City)			1 10110ti	(Zip code)		<u></u>	
Registered agent's acceptaving been named as redesignated in this applicate complywith the provision accept the obligations of a second	egistered agent and to ution, I hereby accept ions of all statutes rel my position as regist	the appointn ative to the pered agent. (Register	roper a	registered on complete Joy Schrod's signature)	ngent and ag e performan eder, Asst. S	ree to act in ce of my dut ecretary	this capaci	ity. I_j	further agre
Duane Pekar, President		, porsoun, s,	THE PAID			,			
Republic Elite Interiors la	mesiment Holding I	I.C - Managi	no Men	her					
	ar assertion rouning b							-	
9. Attached is a certificate									
jurisdiction under the law of the translator must be s		stree d	of an aud	hau norized perse	าเ				

Typed or printed name of signee

Marsha Durham

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Crown Cabinet, LLC (file number 802359204), a Domestic Limited Liability Company (LLC), was filed in this office on December 29, 2015.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: January 02, 2016

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 30, 2016.



Carlos H. Cascos Secretary of State

Phone: (512) 463-5555

Fax: (512) 463-5709