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1.		CLASSIC SOFT TRIM, LLC	
		(CORPORATE NAME AND DOCUM	AENT#)
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CLASSIC SOFT TRIM, INC.

15301 N Interstate Hwy 35 B, Pflugerville, TX 78660

March 29, 2021

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: CLASSIC SOFT TRIM, INC. and CLASSIC SOFT TRIM, LLC

Dear Madam or Sir:

CLASSIC SOFT TRIM, LLC, a Texas limited liability company, would like to file an Application by Foreign Limited Liability Company (the "Application"). In connection with the Application, CLASSIC SOFT TRIM, INC., a Texas corporation, hereby consents to the use of the name CLASSIC SOFT TRIM, LLC

Thank you for your consideration in this matter.

CLASSIC SOFT TRIM, INC.

Name: Dwight Forrister

Title: President

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

COMPANYTOTRANSACTBU CLASSIC SOFT TR	TTION 605.0902. FLORIDA STATUTEN, THE FOLLO USINESS IN THE STATE OF FLORIDA: IM, LLC			FOREIGN LIMITEL) <i>ЦаВІІЛ</i> Ү
(Name of Foreign	Limited Liability Company; must include "Limited Lia	bility Company,	"L.L.C.," or "LLC.")		-
TEXAS	name adopted for the purpose of transacting business in Florida thich foreign limited liability company is organized)		e must include "Limited Liability of FEI number, of ap		 -:L1.C.")
(Junisdiction under the law of w			(Fhi number, if ap	oplicable)	
4613 County Roa		4613 C	ounty Road 123	•	
5		6. (Mailing Address) Hutto, Texas 78634			
					-
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box <u>NC</u>	_ •)	2021	
Name:	Registered Agent Solutions,	Inc.		2021 MAR 3	77
Office Address:	155 Office Plaza Dr. Suite A			30 Av	PROS
	Tallahassee	 . F	32301 Jorida	Ö	1
	(City)	, I	(Zip code)	65	

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Mackenzie Hart, Asst. Secretary

Robert King

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Robert King Dwight Forrister □Manager □Manager Name: Name: 2306 Birchington Drive 4435 County Road 123 **Member** Address: Member Address: _ Cedar Park TX, USA 78613 Round Rock TX, USA 78664 ☐ Authorized ☐ Authorized Person Person □Other____ Other____ □Other □Other ☐ Manager Name: _____ □Manager Name: _____ □Member Address: □Member Address: __ ____ □ Authorized □ Authorized Person Person □Other_____ □Other_____ □Other_____ □ Other □Manager Name: ____ Name: _____ □Member Address: ☐ Member Address: ____ ☐ Authorized ☐ Authorized Person Person □Other ______ Other____ □Other____ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. DocuSigned by: -5088185837A047E Signature of an authorized person

Typed or printed name of signee



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 Formation for Classic Soft Trim, LLC (file number 803914168), a Domestic Limited Liability Company (LLC), was filed in this office on January 27, 2021.

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

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 March 04, 2021.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

TID: 10264

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