To: Qualification/Tax Lien Section Division of Corporations		
SUBJECT: Pacific Sun Industries, Inc.		
(Name of corporati	on - must include suffix)	
Dear Sir or Madam:	•	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.		
Please return all correspondence concerning this matter	er to the following:	<u> </u>
Maria E. Perez		F II  JAN  RETAI  AHIAS
(Name o	f Person)	ILED  10 M  ARY OF S  SSEE, FI
Pacific Sun Industries, Inc.		
(Firm/Co	ompany)	8: 2 TATI ORIC
710 Sandoval Way		DF 22 +
(Add	ress)	- mh
Hayward, CA 94544		1/13
(City/St		DO3093287: -01/10/0001092015 ******78.75 ******78.7!
Maria E Davis	\ 400.740E	
Maria E. Perez at (510 (Area	) 489-7405 Code & Daytime Telephone I	Number)
(	• • • • • • • • • • • • • • • • • • •	
STREET ADDRESS:	MAILING ADDRESS:	
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Qualification/Tax Lien Sec Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	tion
Enclosed is a check for the following amount:		
☐ \$70.00 Filing Fee ♣ ☐ Certificate of Status	J \$78.75 Filing Fee & □ Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

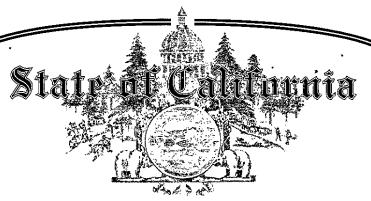
1. Pacific Sun I	ndustries, Inc.			
words or abbro	poration; must include the word eviations of like import in langur or partnership if not so contained	age as will clearly ind	icate that it is a corporation in	ATION" or nstead of a
2. California		3	94-319-4448	
(State or count	ry under the law of which it is in	icorporated)	(FEI number, if a	pplicable)
4. January 5, 19	994 - · ·	5 Perpetual		
(D:	ate of incorporation)		: Year corp. will cease to ex	tistor "perpetual")
6. Upon Qualific	cation			
(Date fir	st transacted business in Florida	.) (SEE SECTIONS 6	07.1501, 607.1502 and 817.1	155, F.S.)
7. 710 Sandova	al Way Hayward, CA 94544			T's o
-	7.00		<u> </u>	
<u> </u>	(Curre	ent mailing address)	<u></u>	
	Cuit	in maning address)		SSI I
8. Employees w	ill conducting product demon-	strations of our snac	ck food item, they will not c	to any direct setting.
(Purpose	e(s) of corporation authorized in	home state or country	to be carried out in state of l	Florida)
9 Name and st	reet address of Florida regi	stared egents (D.C	Douga Mail Daga Daga N	수수 시
y. I wante and ge		stereu agent: (F.O	. Box of Mail Drop Box F	IOT acceptable)
Name:	NRAI Services, Inc.		er john er er	and the second second
Office Address:	526 East Park Avenue			
	Tallahassee			
	rananassee	ap 1/1 av 1/2 1 1 1/4 A/1	, Florida, <u>32301</u>	kiri ta a a a a a a a a a a a a a a a a a a
			(Zip code)	
10. Registered	agent's acceptance:			
this application, I with the provision the obligations of	hereby accept the appointment is of all statutes relative to the p my position as registered agent NRAI Services, Inc.  (Regi	as registered agent a roper and complete p	nd agree to act in this capac erformance of my duties, an re)	nd I am familiar with and accept
Domenture of State	to total G	onnouce, not more in	an 20 days prior to delivery (	n uns application to the

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

A. DIRE	CTORS (Street address only - P.O. Box NOT acceptable)	•
Chairman	:	
Address:		
Vice Chai	rman:	
Address:	<u> </u>	<del></del>
- Director:	Jeffrey Parker	
Address:	253 Meadowbrook Rd.	
	Weston, MA 02193	. and .
Director:	Edwin Berkowitz	SF 00
Address:	2750 Scott Dr.	<u> </u>
	San Francisco, CA 94123	AHASSA I
	ICERS (Street address only - P.O. Box NOT acceptable)  Douglas J. Moore	O AM
Address:	1634 Columbia Dr.	8: 23 0RIDA
	Mountain View, CA 94040	· · · · · · · · · · · · · · · · · · ·
Vice Pres	ident:	
Address:		
		<del></del>
Secretary		
Address:		
<b>Freasurer</b>	:	
Address:		
NOTE:	If necessary, you may attach an addendum to the application listing additional office	ers and/or directors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of	of the application)
14. <u>Dou</u>	glas J. Moore CEO  (Typed or printed name and canacity of person signing and	1
	Cluned or printed name and canacity of netton cigning an	DICHIOD I



## SECRETARY OF STATE

## CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the \_\_\_\_\_\_ 5th \_\_\_\_\_ day of \_\_\_\_\_\_\_\_, I9 \_\_\_\_\_\_\_\_\_, 19

## PACIFIC SUN INDUSTRIES, INC.

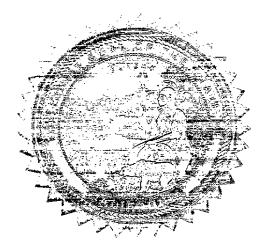
became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said for mor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



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

December 6, 1999

Billyones

Secretary of State