P1411100055

(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 Cnly



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12/30/14--01044--008 **87.50

Salaharan

COVER LETTER

TO:	New Filing Sec Division of Cor			
SHR		HECK AMERI	CA, INC.	
БОВ			tion - must include suffix	
Dear S	Sir or Madam:			
"Certi	ficate of Existence		for Authorization to Transac Standing" and check are sub siness in Florida.	
Please	return all corresp	ondence concerning this ma	atter to the following:	
Vic	tor Bamo	ondi/Tax Dept.		
			e of Person	
<u>A-(</u>	CHECK A	MERICA, INC		
PC	BOX 29		Company	
GL	ENDALE	E, CA 91209	ddress	
		•	ite and Zip code	
tax	departme	nt@mail.all-in-1		
For fu	rther information	e-mail address: (to be us	sed for future annual report i ase call:	iotification)
Vic	tor Bamo	ondi at (800	0 872-2677	
	Name of Perso	n A	rea Code & Daytime Teleph	one Number
	STREET/COU New Filing Sec Division of Con Clifton Buildin 2661 Executive Tallahassee, FI	rporations g : Center Circle	MAILING A New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclo	sed is a check for	the following amount:		
□ \$7	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICA	TION BY FOREIGN CORPORATION FOR AUTHORIZATION TO BUSINESS IN FLORIDA	TRANSACT			
REGISTER A FOR	WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBM. REIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA				
1.	CK AMERICA, INC.	5			
(Enter name of co	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")	स्ते । स्त्रे			
		E GRIS			
(If name unavaila	able in Florida, enter alternate corporate name adopted for the purpose of transacting busine	ss in Florida)			
, CALIFO	RNIA 330828370				
(State or country	y under the law of which it is incorporated) (FEI number, if applicable)			
<u>,</u> 11/02/19	998 , PERPETUAL	• ,			
(Date	of incorporation) (Duration: Year corp. will cease to exist or	"perpetual")			
6.					
	(Date first transacted business in Florida, if prior to registration) "(SBE SECTIONS 607:1501 & 607.1502, F.S., to determine penalty liability)				
, 1501 RE	SEARCH PARK DR, RIVERSIDE, CA 92507	Me I 1			
	(Principal office address)				
PO BOX	29048, GLENDALE, CA 91209				
	(Current mailing address)				
8. Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)				
Name:	Name: CORPORATION SERVICE COMPANY				
Office Address:	1201 HAYS STREET	•			

9. Registered agent's acceptance:

TALLAHASSEE

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this 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 which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman: Please see the attached addendum.	
Address:	
	<u>-</u> -
Vice Chairman:	rr
Address:	
Director:	-
Address:	
Address.	
Directors	_
Director:	_
Address:	_
	_
B. OFFICERS	
President: Please see the attached addendum.	
Address:	
	_
Vice President:	
Address:	
Secretary:	
Address:	
	_
Treasurer:	_
Address:	_
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
12. Signature of Director or Officer	_
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitute a third degree felony as provided for in s.817.155, F.S.	
Michael A. Hoyal	

Directors

Director
Director
Director
Director
Director

JANICE BRYANT HOWROYD MICHAEL A. HOYAL-CARLTON BRYANT PATRICIA BRYANT CARLOS LACAMBRA 1999 W. 190TH ST. TORRANCE, CA 90504 327 W. BROADWAY, GLENDALE, CA 91204 1999 W. 190TH ST. TORRANCE, CA 90504 1999 W. 190TH ST. TORRANCE, CA 90504 1501 RESEARCH PARK DR, RIVERSIDE, CA 92507

Officers

Chief Executive Officer
PRESIDENT
SECRETARY/TREASURER/CFO

JANICE BRYANT HOWROYD CARLOS LACAMBRA MICHAEL. A. HOYAL

1999 W. 190TH ST. TORRANCE, CA 90504 1501 RESEARCH PARK DR, RIVERSIDE, CA 92507 327 W. BROADWAY, GLENDALE, CA 91204

14 DEC 30 PM 3: 57

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

A-CHECK AMERICA, INC.

FILE NUMBER:

C2124634

FORMATION DATE:

11/02/1998

TYPE:

DOMESTIC CORPORATION

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, 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 December 16, 2014.

> **DEBRA BOWEN** Secretary of State