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COVER LETTER

TO:	_	tration Secon						
cup u		SEMI DIC						
SUBJE	ECT:		Name	of corporation	n - must	include suffix		
Dear Si	ir or M	adam:						
"Certifi	icate of	Existence		of Good Sta	nding'' a	nd check are sub	ct Business in Florida," omitted to register the	
Please		•	ondence concern	ing this matte	er to the	following:		
				Name of	Person			
SEMI D	DICE, II	NC						
10961 E	BLOOM	AFIELD ST	REET	Firm/Cor	npany			
LOS A	LAMIT	OS, CA 90	720	Addı	·ess			
SFRON	NTINO(@semidio	CE.COM	City/State	and Zip	code		
			E-mail addres	s: (to be used	for futu	re annual report	notification)	
For fur	ther in	formation	concerning this r	natter, please	call:			
SARA FRONTINO			562 at (594-4631			
	Nam	e of Perso	n	Area Co	de	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclose	ed is a	check for	the following am	ount:				
\$ 70).00 Fil	ing Fee	S78.75 Filir Certificate			5 Filing Fee & fied 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.

SEMI DICE, IN					
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	.D,'	"COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate nar	ne a	adopted for the purpose of transacting busing	ness in Florida	
CALIFORNIA		3.	95-3031224		
(State or country under the law of which it is incorporated			(FEI number, if applicable)		
04/24/1978		5.	PERPETUAL		
. (Date of incorporation)			(Date of duration, if other than p	erpetual)	
06/01/2017	,		,	, ,	
·	(Date first transacted husines	e ir	Florida, if prior to registration)		
			502, F.S., to determine penalty liability)		
	IELD STREET LOS ALAMITOS, CA 907	20			
•	(Prin	ncir	pal office address)		
P.O. BOX 3002	LOS ALAMITOS, CA 90720	1	,		
	(Current ma	ailir	ng address, if different)		
	(Current in		is thatess, if differently		
Nome and street	et address of Florida registered agent: (D C) Roy NOT acceptable)		
. Name and street	SCOTT SMITH	,1 .0	7. Box <u>1401</u> acceptable)	17	
Name:	SCOTT SWITE			HA	
1770 BELLE CT.				7 MAR 27	
Office Address:				7	
	PUNTA GORDA		33950 , Florida	3 K	
	(City)		(Zip code)		
				9	
). Registered age	ent's acceptance:				

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.

(Resistant equations)

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 JERRY FLYNT Chairman: 10961 BLOOMFIELD STREET Address: _ LOS ALAMITOS, CA 90720 DAN CORMACK Vice Chairman: 10961BLOOMFIELD STREET Address: _ LOS ALAMITOS, CA 90720 Director: Address: **B. OFFICERS** JERRY FLYNT President: 10961 BLOOMFIELD STREET Address: LOS ALAMITOS, CA 90720 Vice President: Address: __ JERRY FLYNT Secretary: 10961 BLOOMFIELD STREET LOS ALAMITOS, CA 90720 Address: ___ Treasurer: Address: ______ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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 constitutes a third degree felony as provided for in s.817.155, F.S. DAN CORMACK

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SEMI DICE, INC.

FILE NUMBER: FORMATION DATE:

C0844676

TYPE:

04/24/1978

JURISDICTION:

DOMESTIC CORPORATION

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 March 21, 2017.

ALEX PADILLA Secretary of State