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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	S O D Build	ders, Inc.	
	Name of corporation	n - must include suffix	
Dear Sir or Madam:			
"Certificate of Exister	ation by Foreign Corporation fonce," or "Certificate of Good Staign corporation to transact busing	anding" and check are sul	
Please return all corre Cherika Salzmann	spondence concerning this matt	er to the following:	
	Name o	f Person	
Contractors Licensing C	lenter		
	Firm/Co	mpany	
2120 28th Street			
	Add	ress	
Sacramento, CA 95818			
-	City/State	and Zip code	
shery.c@sodbuilders.co	m		
	E-mail address: (to be used	I for future annual report	notification)
For further informatio	n concerning this matter, please	call:	
Cherika Salzmann 916		899-8469	
Name of Pers	on at (at Co	de Daytime Teler	phone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Orporations 7
Enclosed is a check fo	r the following amount:		
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	Sertificate of Status of Certificate Of Status of Certificate Of Status of 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.

S O D Builders.	Inc.				
(Enter name of c	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp."))." "	COMPANY," "CORPORATION."	,	
SOD Builders I	ne				
(If name unavail	able in Florida, enter alternate corporate name	e ade	opted for the purpose of transacting	business in Flo	rida)
California (C3346508) 2. 3.		27-4826910			
(State or country under the law of which it is incorporated)		_	(FEI number, if applicable)		
01/03/2011 4. 5		N/A			
(Date	(Date of incorporation)		(Date of duration, if other than perpetual)		
N/A 6.					
	(Date first transacted business				
	(SEE SECTIONS 607,1501 & 607.	130.	., r.s., to determine penany habinty	,	
7. <u>17337 Ventura B</u>	Ivd. Suite #105 Encino. CA 91316				
	(Princ	ipal	office address)		
N/A					
	(Current mail	ling	address, if different)	Žω	20
				רַכּ	2018 AUG
8. Name and stree	et address of Florida registered agent: (P	O.	Box <u>NOT</u> acceptable)	ARC T	E C
	InCorp Services, Inc.			ASS X	9
Name:			_	ξ. Υ. Υ.	
Office Address:	17888 67th Court North			· ***	三
	Loxahatchee	-	— 33470 , Florida	_0RH	AM 11: 43
	(City)		(Zin code)	75	ω

9. Registered agent'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.

Katie Lawson on behalf of InCorp Services, Inc. (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: ____ Vice Chairman: Director: Director: **B. OFFICERS** Oren Dagan 17337 Ventura Blvd, Suite #105 Encino, CA 91316 Oren Dagan Vice President: 17337 Ventura Blvd, Suite #105 Encino, CA 91316 Oren Dagan Secretary: 17337 Ventura Blvd, Suite #105 Encino, CA 91316 Address: Oren Dagan Treasurer: ___ 17337 Ventura Blvd, Suite #105 Encino, CA 91316 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 aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155. F.S. Oren Dagan, President

(Typed or printed name and capacity of person signing application)

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

S O D BUILDERS, INC.

FILE NUMBER:

C3346508

FORMATION DATE:

01/03/2011

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

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 July 30, 2018.

ALEX PADILLA
Secretary of State