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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

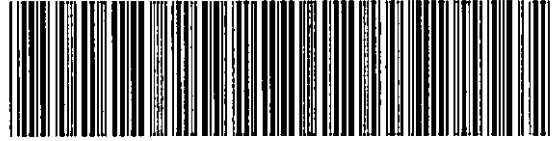
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. FRANKLIN
NOV 02 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENDS IN E, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lauren T. Corman

_____ Name of Person
The Corman Law Offices
_____ Firm/Company
740 Front Street, Suite 200
_____ Address
Santa Cruz, CA 95060
_____ City/State and Zip code
dgb123@sbcglobal.net
_____ E-mail address: (to be used for future annual report notification)

2021 OCT 28 PM 5:20

For further information concerning this matter, please call:

Lauren T. Corman at (831) 427-2414

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$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. ENDS IN E, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CALIFORNIA 3. 77-0120550
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/17/1986 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. 05/29/2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5570 SANCHEZ DR., STE. 230, SAN JOSE, CA 95123
(Principal office street address)

5570 SANCHEZ DR., STE. 230, SAN JOSE, CA 95123
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MARLENE HOURET

Office Address: 800 N. TAMiami TRAIL, UNIT 1605

SARASOTA, Florida 34236
(City) (Zip code)

2021 OCT 28 PM 5:20

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.

[Handwritten signature of Marlene Houret]
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: DENNIS BRIDGEMAN
 Vice Chairman Address: 5570 SANCHEZ DR., STE. 230
 Director SAN JOSE, CA 95123
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: MARLENE HOURET
 Vice Chairman Address: 5570 SANCHEZ DR., STE. 230
 Director SAN JOSE, CA 95123
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: ANNETTE KINNEY
 Vice Chairman Address: 5570 SANCHEZ DR., STE. 230
 Director SAN JOSE, CA 95123
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

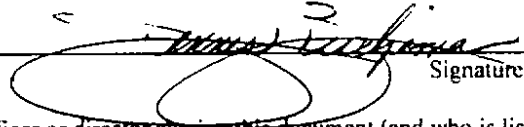
Chairman Name: DENISE BRIDGEMAN
 Vice Chairman Address: 5570 SANCHEZ DR., STE. 230
 Director SAN JOSE, CA 95123
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

2021 OCT 28 PM 5:20

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
 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.

13. DENNIS BRIDGEMAN, PRESIDENT
 (Typed or printed name and capacity of person signing application)



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: ENDS IN E. INC.
File Number: C1526470
Registration Date: 03/17/1986
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of October 19, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, 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 October 20, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

2021 OCT 28 PM 5:21

Certificate Verification Number: RL17ENR

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.