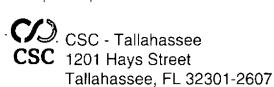
(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000410166270



Tallahassee, FL 32301-260, 850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 06/21/23 Order #: 1227577-2

Re: Confie Holding II Co. Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Expellenan

Amount to be deducted from our State Account: \$78.75 - FL State Account Number:

12000000195

**AUTH** 

Please take the following action:

File in your office on basis

Issue Proof of Filing Issue Certified Copy

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## **COVER LETTER**

TO:		tration Se ion of Coi	ction porations					
SUBJ	ECT:	Confie H	oldings II Co.					
3023			Name	of corporation	- must	include suffix		
Dear S	Sir or M	adam:						
"Certii	ficate o	f Existenc	ion by Foreign Co e," or "Certificate n corporation to t	of Good Stan	ding" ar	nd check are sub		siness in Florida," I to register the
Please	return	all corresp	ondence concern	ing this matter	to the f	ollowing:		
Legal	Departm	ent						
				Name of	Person			
Confie								
				Firm/Com	pany			
7711 (	Center A	ve, Suite 2	00					
	<u> </u>	•		Addre	ess			
Huntin	gton Be	ach, CA 92	2647					
				City/State a	nd Zip c	ode		
regulat	oryfilin	gs@confie.						
			E-mail address	s: (to be used f	or futur	e annual report	notific	ation)
For fu	ther in	formation	concerning this m	natter, please c	all:			
Conchita Valenzuela 714 822-4771								
	Name	e of Perso	n	Area Code	e	Daytime Telep	hone	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					
Please		eck payabl	the following amore to: FLORIDA DI  \$78.75 Filin  Certificate of	EPARTMENT  ig Fee &	\$78.75	ATE 5 Filing Fee & ied 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.

	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting busines	s in Florida)	
2. California	3. 30-0448954			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
l. <u>11/29/2007</u>	5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
5				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)			
7, 7711 Center Ave.	Suite 200 Huntington Beach, CA 92647			
	(Principal office	street address)		
7711 Center Ave	, Suite 200 Huntington Beach, CA 92647		· ·	
	(Current mailing	address, if different)	95 <b>3</b>	
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	12 N Z	
Name:	Corporation Service Company			
NCC on Addminon	1201 Hays Street		THE TOTAL PROPERTY OF THE PARTY	
Office Address:	T.U. bassas			
	Tallahassee	, Florida	DA F	
	(City)	(Zip code)		

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.

A. DIRECTORS					
□ Chairman	Name:	□ Chairman	Name: Michael Kaplan		
□Vice Chairman	Address: 7711 Center Ave, Suite 200	□Vice Chairman	Address: 7711 Center Ave, Suite 200 Hunting Beach, CA 92647		
Director	Huntington Beach. CA 92647	■Director			
President		□President	-		
□Vice President		□Vice President			
Secretary	□Treasurer	□Secretary	□Treasurer		
□Other CEO	Other	Other CFO	Other		
□Chairman	Carol R. Newman	□ Chairman	Name:		
□Vice Chairman	Address: 7711 Center Ave, Suite 200	□Vice Chairman	Address:		
□Director	Hunting Beach, CA 92647	□Director	Hunting Beach, CA 92647		
□President		□President	·		
□Vice President		□Vice President			
Secretary	□Treasurer	□Secretary	□Treasurer		
□Other	Counsel	Chief Sal	es Office		
	Name:	□Chairman □Vice Chairman	Name: Chris Alfaras  7711 Center Ave, Suite 200  Address:		
□Director	Hunting Beach, CA 92647	□Director	Hunting Beach, CA 92647		
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	□Secretary	□Treasurer		
Other Executive	e Vice Pr	Other Chief Info	Ormation		
	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Department.	ent of State Annual Re			
	Signature of Director	or Officer			
	etor signing this document (and who is listed in numb- lse information submitted in a document to the Depar				

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

13. Carol R. Newman, EVP General Counsel and Corporate Secretary



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

Entity Name: CONFIE HOLDING II CO.

**Entity No.:** 3056708 **Registration Date:** 11/29/2007

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all 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 date of this certificate and does not reflect documents that are pending review or other events that may impact 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 June 21, 2023.

SHIRLEY N. WEBER, PH.D.

**Secretary of State** 

Certificate No.: 122183932

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.