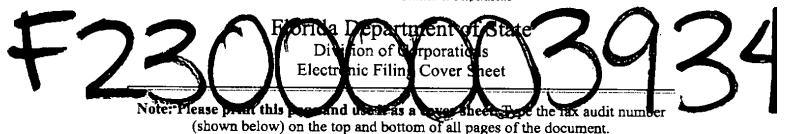
Division of Corporations



(((H23000236866 3)))



H230002366663ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

PEPARTHENT OF STATES INTERNATIONS INTERNATIO

FOREIGN PROFIT/NONPROFIT CORPORATION KOPPL PIPELINE SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Section Division of Corporations					
SHBJ	ECT:	Koppl Pi	peline Services, Inc.			
	DCI.		Name of	`corporation	- must include suffix	
Dear S	ir or M	adam:				
"Certif	ficate of	f Existenc	lon by Foreign Cor e," or "Certificate on corporation to tra	of Good Stand	Authorization to Transact ding" and check are submass in Florida.	Business in Florida," nitted to register the
Please	return :	all corresp	ondence concernin	g this matter	to the following:	
Carol S	Sanchez	. President				
				Name of I	Person	
Koppl	Pipeline	Services,	Inc			
				Firm/Com	pany	
1228 D	Date Stre	eı				
				Addre	SS	
Montel	bello, Ca	A 90640				
				City/State ar	d Zip code	· · · · · · · · · · · · · · · · · · ·
esanch	ez@kop	pl.com			•	
			E-mail address:	(to be used fo	or future annual report no	tification)
For fur	ther inf	ormation	concerning this man	tter, please ca	all:	
Carol Sanchez		t (888-2211			
	Name	of Perso	n	Area Code		one Number
	Regist Divisi The C 2415 I	tration Secondon of Cor entre of T	porations allahassee e Street, Suite 810		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Please r		ck payabl	the following amou to: FLORIDA DEF \$78.75 Filing Certificate of	ARTMENT	OF STATE \$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.

	orp," "Inc," "Co," or "Corp.")			
(If name unavail:	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business i	in Florida)	
California	20-0289467			
(State or country under the law of which it is incorporated) September 29, 2003 (Date of incorporation) 5.		(PEI number, if applicable) (Date of duration, if other than perpetual)		
Name:	515 E. Park Ave, Floor 2			
		— Florida 32301	KETARY P	
		, Florida 32301 (Zip code)	JUL -6 PM 2: (유투자자) 제 3-1	

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.

9 555 - 2

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

H23000236866 3

A. DIRECTORS				
□ Chairman	Name:	□ Chairman	Name:	
☐ Vice Chairman	Address: Montebello, CA 90640	□Vice Chairman		
☐Director		☐ Director		
President		☐ President	,	
□Vice President		□Vice President		
Secretary	☐ Treasurer	Secretary		☐ Treasurer
□Other	Other	□Other		□Other
□Chuirm e n	Name: 1228 Date St. Montebello, CA 90640	□ Chairmun	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□ Director		Director		
☐ President	**************************************	President		· · · · · · · · · · · · · · · · · · ·
□Vice President		□Vice President		
Sccretary	□Treasurer	Secretary		☐ Treasurer
□Other	Other	Other		□ Other
□ Chairma n	Name: Remberto Sanchez	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
Director		□Director		
□ President		□President		
□Vice President		□Vice President		
Secretary	☐Treasurer	☐ Secretary		☐Treasurer
□ Other		□ Other		☐ Other
individuals may be	Use an attachment to report more than six (6). The at added to the index when filing your Florida Departs Charles Stenature of Director	nent of State Annual Re	port form.	•
The officer or direc	ctor signing this document (and who is listed in numb ise information submitted in a document to the Depa	per 11 above) affirms th	n the facts state	d herein are true and that he or
13. Carol Sanch	ez, President (Typed or printed name and capacity of per			
	(I your or printed name and capacity of per	son stening application)	



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

Entity Name: KOPPL PIPELINE SERVICES, INC.

Entity No.: 2557638 Registration Date: 09/29/2003

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 July 05, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 127118022

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.