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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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COVER LETTER

•	tration Section ion of Corpora						
SUBJECT:	L. A. Commercial Group, Inc. Name of corporation - must include suffix						
GOIMING IT							
Dear Sir or M	adam:						
"Certificate o	ř Existence, † o	y Foreign Corp r "Certificate o poration to trar	f Good Stand	ding" and	I check are sul		
Please return : Rhett Tallas	all corresponde	ence concerning	this matter	to the fo	llowing:		
Name of Person							2:13
L. A. Commer	L. A. Commercial Group, Inc.						2:13 1:1
Firm/Company 317 S Brand Ave					_;		
		·	Addre	ss.		-	
Glendale CA 91204							
		(City/State an	id Zip co	de		
info@ccg2.cor				····			
	l:	-mail address: (to be used to	or future	annual report	notification)	
For further in	formation conc	erning this mat	ter, please c	all:			
Terri Goins		253	851-35	851-3531			
Name	e of Person	at	Area Code	<u> </u>	Daytime Telep	phone 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		
Enclosed is a	check for the f	ollowing amoun	at:				
⊠ \$70.00 Fil	ing Fee 🛛	\$78.75 Filing I Certificate of:		\$78.75 Certifie	Filing Fee & d Copy	☐ \$87,50 F Certifies Certifies	ite of Status d

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.

L. A. Commerc	rial Group. Inc.				
(Enter name of c	corporation; must include "INCORPORATED." " "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"			
CA	able in Florida, enter alternate corporate name add	1.424.4932			
(State or count		(FLI number, if applicable)	c) ~		
	(Date of incorporation) (Date of duration, if other than p No business conducted in Florida				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, U.S., to determine penalty liability) 317 S Brand Blvd Glendale CA 91204 (Principal office address)					
<u>. </u>	(Current mailing a	iddress, if different)			
8. Name and <u>stre</u> Name:	et address of Florida registered agent: (P.O. Corporate Creations Network Inc.	Box <u>NOT</u> acceptable)			
Same. Office Address:	Palm Beach Gardens				
	(City)	Plorida (Zip code)			

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.

(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 Robert Merette Chairman: _ 317 S Brand Blvd Address: Glendale CA 91204 Rhett Tallas Vice Chairman: 317 S Brand Blvd Address: Glendale CA 91204 Address: Director: __ B. OFFICERS Robert Merette President: 317 S Brand Blvd Address: Glendale CA 91204 Rhett Tallas Vice President: 317 S Brand Blvd Address: Glendale CA 91204 Secretary: _ Address: Treasurer: Address: If necessary, you may attach an addepthum 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 \$.817.155, F.S.

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

Rhett Tallas Vice President

13.

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

L. A. COMMERCIAL GROUP, INC.

FILE NUMBER:

C1651574

FORMATION DATE:

10/11/1989

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 May 08, 2018.

ALEX PADILLA Secretary of State