

B1600000174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

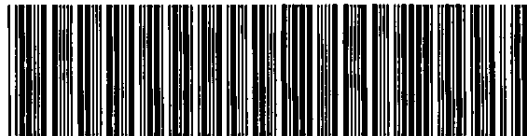
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/16/16--01008--001 **1081.25

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2016 AUG 15 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALT
EXAMINER
AUG 17

BLANCHARD, KRASNER & FRENCH

A PROFESSIONAL CORPORATION

TELEPHONE: (858) 551-2440
FACSIMILE: (858) 551-2434
WEB: <http://www.bkflaw.com>

800 SILVERADO STREET, SECOND FLOOR
LA JOLLA, CALIFORNIA 92037

ALAN W. FRENCH
(Deceased)

August 11, 2016

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

Re: **Application for Authorization to Transact Business**
Our File No.: 1003-350

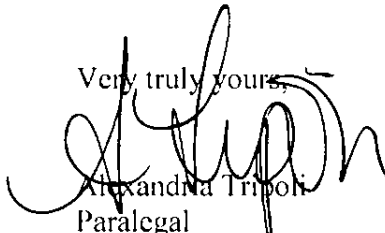
Dear Sir or Madam:

Per my conversation with Jenna of your office, enclosed please find the following documents for Seazona Properties, Ltd. (the "Partnership") to be filed with your institution:

- 1) Cover Letter;
- 2) One (1) endorsed copy of the Application by Foreign Limited Liability Company for Authorization to Transact Business (the "Application");
- 3) The Certificate of Good Standing from California issued within the past 90 days; and
- 4) A check in the amount of \$1,061.25 (Filing fee + Certified Copy + Certificate of Status), payable to the Division of Corporations.

Please return the certified "filed" stamped endorsed copies of the Application and the Certificate of Status for the Partnership, in the enclosed self-addressed stamped envelope. If you have any questions, please feel free to contact me at (858) 551-2440. Thank you very much for all of your assistance.

Very truly yours,



Alexandra Trippi
Paralegal

For BLANCHARD, KRASNER & FRENCH

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

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2016 AUG 15 AM 11:39
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. SEAZONA PROPERTIES, LTD.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. CALIFORNIA

State or Country of Formation

3. 10/03/1984

Date of Formation

4. Federal Employer Identification Number: 95-3811023

5. Name of Registered Agent for Service of Process and Florida Street Address:

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

6. 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.

Signature of Registered Agent

7. Principal Office:

9171 TOWNE CENTRE DRIVE, SUITE 335

San Diego, CA 92122

8. Mailing Address:

9171 TOWNE CENTRE DRIVE, SUITE 335

San Diego, CA 92122

9. If limited partnership is a limited liability limited partnership, check box .

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: MNG Management, LLC

Name of General Partner: _____

Street Address: 9171 TOWNE CENTRE DRIVE, SUITE 335

Street Address: _____

San Diego, CA 92122

Mailing Address: 9171 TOWNE CENTRE DRIVE, SUITE 335

Mailing Address: _____

San Diego, CA 92122

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

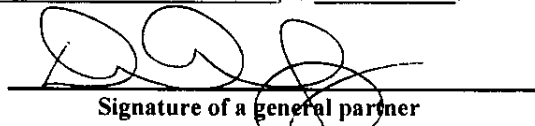
Name of General Partner: _____ Name of General Partner: _____
 Street Address: _____ Street Address: _____
 Mailing Address: _____ Mailing Address: _____

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 TALLAHASSEE, FLORIDA

11. Effective date, if other than the date of filing: _____
 (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 8 day of August, 202016.


 Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

State of California
Secretary of State

CERTIFICATE OF STATUS

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2016 AUG 15 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTITY NAME: SEAZONA PROPERTIES, LTD.

FILE NUMBER: 198427700014
FORMATION DATE: 10/03/1984
TYPE: DOMESTIC LIMITED PARTNERSHIP
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
August 9, 2016.

A handwritten signature in black ink, appearing to read "Alex Padilla". The signature is fluid and cursive, with a large, stylized "A" and "P".

ALEX PADILLA
Secretary of State