

F08000004895

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(Address)

(City/State/Zip/Phone #)

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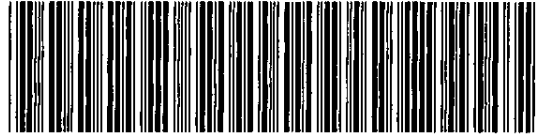
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193-637

W08-49830



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DIVISION OF CORPORATIONS
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for 11/14/08

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COVER LETTER

2008 NOV 13 PM 1:57

TO: New Filing Section
Division of Corporations

SUBJECT: JOKER INDUSTRIES dba HARFLEX INTERNATIONAL
(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," 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:

JOHN LOUG
(Name of Person)
JOKER INDUSTRIES dba HARFLEX INTERNATIONAL
(Firm/Company)
1048 IRVINE AVE. #448
(Address)
NEWPORT BEACH, CA. 92660
(City/State and Zip code)

For further information concerning this matter, please call:

JOHN LOUG at (949) 4685211
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$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



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2008

JOHN LONG
1048 IRVINE AVENUE #448
NEWPORT BEACH, CA 92660

SUBJECT: JOKER INDUSTRIES, INC
Ref. Number: W08000049830

We have received your document for JOKER INDUSTRIES, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 108A00055684

RECEIVED

08 NOV 13 AM 8:00

DIVISION OF CORPORATIONS

Enclosed for the filer is a copy of the document that was not filed. The document is being returned to the filer for correction. The filer is responsible for correcting the document and resubmitting it to the Division of Corporations. The filer is also responsible for paying the filing fee for the corrected document. The filer is also responsible for providing the corrected document to the Division of Corporations within 60 days of the date of this letter. If the filer does not correct the document within 60 days, the document will be considered abandoned and the filer will be responsible for the cost of the document. The filer is also responsible for providing the corrected document to the Division of Corporations within 60 days of the date of this letter. If the filer does not correct the document within 60 days, the document will be considered abandoned and the filer will be responsible for the cost of the document.

**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. TOKER INDUSTRIES, 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. 33-072 5873
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/2/1996 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 17815 SKYPARK CIRCLE STE 6, IRVINE, CALIF 92614
(Principal office address)

1048 IRVINE AVE #448, NEWPORT BEACH, CA. 92660.
(Current mailing address)

8. BUSINESS TRANSACTIONS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: ERIC KOLAR

Office Address: 3305 - ATLANTIC BLVD STE B
JACKSONVILLE, Florida 32207
(City) (Zip code)

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10. 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.

ERK

(Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: JOHN LONG

Address: 1048 IRVINE AVE #448

NEWPORT BEACH, CA 92660

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JOHN LONG

Address: 1048 IRVINE AVE #448

NEWPORT BEACH, CA 92660

Vice President: _____

Address: _____

Secretary: JOHN LONG

Address: 1048 IRVINE AVE #448, NEWPORT BEACH, CA 92660

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. John Long

(Signature of Director or Officer listed in number 12 of the application)

14. JOHN LONG - PRESIDENT

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

State of California
Secretary of State

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CERTIFICATE OF STATUS

ENTITY NAME:

JOKER INDUSTRIES, INC.

FILE NUMBER: C1904213
FORMATION DATE: 10/02/1996
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, 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 October 03, 2008.

Debra Bowen

DEBRA BOWEN
Secretary of State