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(Requestor's Name)

(Address)



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 21 PM 2:30

Certified Copies _____ Certificates of Status _____

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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. ROBERT F. LEWIS, 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. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. APRIL 2, 1981 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. 221 N FIGUEROA STREET, SUITE 1200, LOS ANGELES, CA 90012
(Principal office address)

221 N FIGUEROA STREET, SUITE 1200, LOS ANGELES, CA 90012
(Current mailing address)

8. OWNERSHIP OF A PARTNERSHIP INTEREST IN A FOREIGN LIMITED LIABILITY PARTNERSHIP
(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: BRADLEY S. FISCHER, ESQ.

Office Address: 200 SW 1st AVENUE, SUITE 910

FORT LAUDERDALE, Florida 33301
(City) (Zip code)

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.


(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.

11 JAN 21 PM 2:38
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

A. DIRECTORS

R15TD

Chairman: ROBERT F. LEWIS

Address: 221 N FIGUEROA STREET, SUITE 1200
LOS ANGELES, CA 90012

Vice Chairman: _____

Address: _____

✓ Director: ROBERT F. LEWIS

Address: 221 N FIGUEROA STREET, SUITE 1200
LOS ANGELES, CA 90012

Director: _____

Address: _____

B. OFFICERS

✓ President: ROBERT F. LEWIS

Address: 221 N FIGUEROA STREET, SUITE 1200
LOS ANGELES, CA 90012

✓ Vice President: ROBERT F. LEWIS

Address: 221 N FIGUEROA STREET, SUITE 1200
LOS ANGELES, CA 90012

✓ Secretary: ROBERT F. LEWIS

Address: 221 N FIGUEROA STREET, SUITE 1200, LOS ANGELES, CA 90012

✓ Treasurer: ROBERT F. LEWIS

Address: 221 N FIGUEROA STREET, SUITE 1200, LOS ANGELES, CA 90012

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

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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 s.817.155, F.S.

14. ROBERT F. LEWIS

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

**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

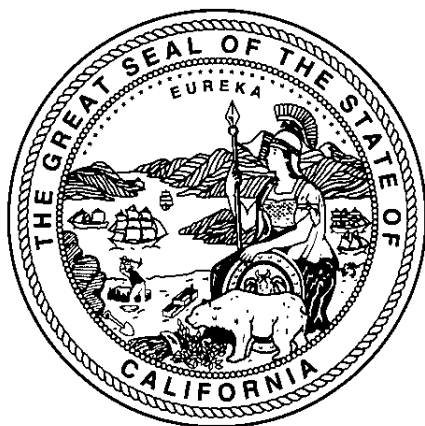
ROBERT F. LEWIS, INC.

FILE NUMBER: C1040541
FORMATION DATE: 04/01/1981
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 December 17, 2010.

Debra Bowen

DEBRA BOWEN
Secretary of State