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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: BAIS, INC.	
Name of corporation - must include suffix	171
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact "Certificate of Existence," or "Certificate of Good Standing" and check are submabove referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
ROBERT C DUNCAN JD CPA MBA	
Name of Person	
DUNCAN LAW PROFESSIONAL CORPORATION	
Firm/Company	
2520 DOUGLAS BLVD STE 100	
Address	.,
ROSEVILLE CA 95661	
City/State and Zip code	
RDUNCAN@DUNCANLAWCORP.COM	t .
E-mail address: (to be used for future annual report no	otification)
For further information concerning this matter, please call:	
ROBERT DUNCAN at (916) 797-7436	
Name of Person Area Code & Daytime Telepho	ne Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING AD New Filing Section Division of Corporation of	ction rporations
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

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.

	poration; must include "INCORPORAT" p," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	
(If name unavailab	ole in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting business i	n Florida)
2. CALIFORNIA		2	N/A	
	nder the law of which it is incorporated)	_ J.	(FEI number, if applicable)	 ·
4. 06/0 <i>3</i> /96		5	PERPETUAL	
•	of incorporation)		(Duration: Year corp. will cease to exist or "pe	erpetual")
6. N/A				
<u> </u>			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7 2050 MART	IN AVENUE, SANTA CLAI	RA	CA 95050	
	(Principal office	add	ress)	
2050 MART	IN AVENUE, SANTA CL	.AI	RA CA 95050	
	(Current mailing	add	ress)	
	ALL LAWFUL BUSINESS.			表 To
(Purpose(s)	of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)	
9. Name and street	address of Florida registered agent:	(P.C). Box NOT acceptable)	
Name:	NRAI Services. Inc. 515 East Park Avenue			2 10
Office Address:	515 East Park Avenue	,	•	31.0
	Tallahassee		. Florida 3230)	
	(City)		, Florida <u>3230</u> (Zip code)	
designated in this a further agree to cor	d as registered agent and to accept s application, I hereby accept the appo apply with the provisions of all statut with and accept the obligations of my	intn es r y po	_	this capacity. I
	INDUTE OF THE STATE .		American A. A. A.	
-	NRAI Services. Inc. By: Homy fordy Registered agent's signate	ural	Army Pulidy, Assistant Secretary	

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:			
A. DIRECTORS			
Chairman: THOMAS WYE			
Address: 2050 MARTIN AVENUE			
SANTA CLARA CA 95050			
Vice Chairman:			
Address:			
· •			
Director:			
Address:	,	<u>.</u>	
			
Director:			
Address:			
B. OFFICERS			
President: THOMAS WYE		AFR.	T
Address: 2050 MARTIN AVENUE	<u> </u>	<u></u>	
SANTA CLARA CA 95050	#1 C3	22	
Vice President: BOB MONTREUIL	552	?	
Address: 2050 MARTIN AVENUE	No. 20 and a second sec	<u> </u>	
SANTA CLARA CA 95050			
Secretary: THOMAS WYE	· · · · · · · · · · · · · · · · · · ·		
Address: 2050 MARTIN AVENUE, SANTA CLARA CA 95050			
Treasurer: JANE WYE			
Address: 2050 MARTIN AVENUE, SANTA CLARA CA 95050			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	Vor directo	rs.	
13			
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the true and that he or she is aware that false information submitted in a document to the Department hird degree felony as provided for in s.817.155, F.S.	e facts state it of State o	ed here onstitu	in ites a
4 THOMAS WYF, PRESIDENT & SECRETARY			

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

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

BAIS INC.

FILE NUMBER:

FORMATION DATE:

TYPE:

JURISDICTION:

STATUS:

C1970732

06/03/1996

DOMESTIC CORPORATION

CALIFORNIA

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 April 18, 2011.

> **DEBRA BOWEN Secretary of State**