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PICK-UP WAIT MAIL
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COVER LETTER

TO: New Filing Division o	g Section f Corporations			
SUBJECT: PF	RIVATE PORTFOLI	O, INC.		
		tion - must include suffix		
Dear Sir or Madam	r:			
"Certificate of Exis	olication by Foreign Corporation stence," or "Certificate of Good Soreign corporation to transact bus	Standing" and check are subm		
Please return all co	rrespondence concerning this ma	atter to the following:		
EDUARDO	TOVAR			
	Name	of Person		
PRIVATE I	PORTFOLIO, INC.			
	Firm/C	Company		
7534 LA J	OLLA BLVD			
	A	ddress	1000	
LA JOLLA,	CA 92037			
	City/Sta	te and Zip code	The state of the s	
etovar@priva	ateportfolio.com			
	E-mail address: (to be us	ed for future annual report no	tification)	
For further informa	tion concerning this matter, plea	se call:		
Eduardo To	var _{at (} 858	3) 551-2071		
Name of P		ea Code & Daytime Telephor	ne Number	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		New Filing Sect Division of Corp P.O. Box 6327	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	

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.

(If name unavai	ilable in Florida, enter alternate corporate name adopted for the purpose of transacting busin	ŕ	_
(State or country	y under the law of which it is incorporated) 3. (FEI number, if applicable)	1	-
4. AUGUST			-
(Dat	te of incorporation) (Duration: Year corp. will cease to exist o	or "perpetual")	
6. <u>REGISTE</u>	RING AGENT AS A BRANCH (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
7. <mark>7534 LA L</mark>	JOLLA BLVD, LA JOLLA, CA 92037		-
75041 Å	(Principal office address)		
/534 LA	JOLLA BLVD, LA JOLLA, CA 92037 (Current mailing address)	-	-
_{8.} BROKER	R DEALER / INVESTMENT ADVISOR		وتياه
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	2	
9. Name and stre	et address of Florida registered agent: (P.O. Box NOT acceptable)	שני וח	9.5 6.5
Name:	MATEO DE SOLA		
Office Address:	1390 SOUTH DIXIE HIGHWAY STE 2107	罩	grandi. Video Table 1
	CORAL GABLES , Florida 33146	 ċʻɔ	
	(City) (Zip code)	CĐ	Y.
			place

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: Vice Chairman: Director: __ Director: Address: **B. OFFICERS** President: DANIEL BARBA Address: 7534 LA JOLLA BLVD, LA JOLLA, CA 92037 Vice President: EDUARDO TOVAR Address: 7534 LA JOLLA BLVD, LA JOLLA, CA 92037 NOTE: If necessary, you may attach an addendum 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 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. EDUARDO TOVAR VICE PRESIDENT

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

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PRIVATE PORTFOLIO, INC.

FILE NUMBER:

C1744405

FORMATION DATE:

05/18/1994

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 June 26, 2012.

DEBDA BOWEN

DEBRA BOWENSecretary of State