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(((H13000138963 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : NORTHWEST REGISTERED AGENT 9

Account Number : I20090000081

Phone

: (509) 768-2249

Fax Number

: (323)544-4790

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION

Baum, Hedlund, Aristei & Goldman A Professional Cor

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$70.00 |

## 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.

| •                  | nd, Aristei & Goldman A Protessional                                    |            |  |               |                 |             |
|--------------------|---|------------|--|---------------|-----------------|-------------|
|                    | orporation; must include "INCORPORATI<br>orp," "Inc," "Co," or "Corp.") | sυ,        | " "COMPANY," "CORPORATION,"                |               |                 |             |
| <b>,</b> ,         | ,   |            | ·  |               |                 |             |
| •                  |   |            |  |               |                 |             |
| (If name unavaila  | able in Florida, enter alternate corporate na                           | me         | adopted for the purpose of transacting     | business      | in Flor         | ida)        |
| 2. California      |   | 3.         | NA   |               |                 |             |
|                    | under the law of which it is incorporated)                              |            | (FEI number, if applied                    | able)         |                 |             |
| 4. March 7, 19     | 88  | 5.         | Perpetual                                  |               |                 |             |
| (Date              | of incorporation)   |            | (Duration: Year corp. will cease to e      | xist or "p    | erpetu          | al")        |
| 6. NA              |   |            |  |               |                 |             |
|                    |   |            | n Florida, if prior to registration)       |               |                 |             |
|                    | •   |            | 502, F.S., to determine penalty liability  | )             |                 |             |
| 7. 12100 Wils      | hire Blvd., Suite 950 Los An  |            |  |               |                 |             |
| 40400 145          | (Principal office   |            | •  |               |                 |             |
| 12100 Wils         | shire Blvd., Suite 950 Los  |            |  | ,             | <del></del>     |             |
|                    | (Current mailing  | ado        | ress)                                      |               |                 |             |
| 8. Legal Serv      | vices   |            |  |               |                 |             |
|                    | s) of corporation authorized in home state of                           | or c       | ountry to be carried out in state of Flori | SEC.          | <del>- 63</del> | <del></del> |
| 9. Name and street | et address of Florida registered agent: (                               | (P.0       | D. Box NOT acceptable)                     | RETAI         | NUC             | 三           |
| Name:              | Northwest Registered Agen   | ıt,        | <u>LLC</u>                                 | SEE O         | 9               | LED         |
| Office Address:    | 3030 N. Rocky Point Dr. STE   | <u>: 1</u> | 50A  | 15.4<br>118.4 | AH IO:          | U           |
|                    | Tampa   |            | , Florida 33607                            | 108<br>11.    | ယ္မ             |             |
|                    | (City)  |            | (Zip code)                                 | ***           | ယ               |             |
|                    |   |            |  |               |                 |             |

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.

Dan Keen-Manager
(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:  | FILED  |  |  |
|---|--|--|--|
| A. DIRECTORS  |  |  |  |
| Chairman:   | 13 JUN 19 AM 10: 34                                |  |  |
| Address:  | SECRETARY OF STATE TALLAHASSEE, FLORIDA            |  |  |
|   | , , , , , , , , , , , , , , , , , , ,              |  |  |
| Vice Chairman:  |  |  |  |
| Address:  |  |  |  |
|   |  |  |  |
| Director:   | •  |  |  |
| Address:  | ,  |  |  |
|   |  |  |  |
| Director:   |  |  |  |
| Address:  |  |  |  |
|   |  |  |  |
| B. OFFICERS  President: Michael L. Baum   |  |  |  |
| Address: 12100 Wilshire Blvd., Suite 950, Los Angeles, CA 9   | 00025  |  |  |
| Paul I Hadiund and Panald I M Goldman   |  |  |  |
| Vice President: Paul J. Hedlund and Ronald L.M. Goldman   |  |  |  |
| Address: 12100 Wilshire Blvd., Sulte 950, Los Angeles   | , CA 90025   |  |  |
| Secretary: J. Clark Aristei   |  |  |  |
|   |  |  |  |
| Address: 12100 Wilshire Blvd., Suite 950 Los Angeles, CA  | 90020  |  |  |
| Treasurer: Michael L. Baum  |  |  |  |
| Address: 12100 Wilshire Blvd., Suite 950 Los Angeles, CA  | 90025  |  |  |
| NOTE: If necessary, you have attach an addendum to the application is   | sting additional officers and/or directors.        |  |  |
| Signature of Director or Off The officer or director signing this document (and who is listed in number true and that he or she is aware that false information submitted in a third degree felony as provided for in s.817.155, F.S. | per 12 above) affirms that the facts stated herein |  |  |
| 14. Michael L. Baum, President  |  |  |  |
| (Typed or printed name and capacity of person   | signing application)                               |  |  |

H130001389633

## State of California Secretary of State

CERTIFICATE OF STATUS

FILED 13 JUN 19 AM 10: 34 SEGRETARY OF STATE TALLAHASSEE, FLORIDA

ENTITY NAME:

BAUM, HEDLUND, ARISTEI & GOLDMAN A PROFESSIONAL CORPORATION

FILE NUMBER:

FORMATION DATE:

TYPE:

JURISDICTION:

STATUS:

C1431272

03/07/1988

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 June 06, 2013.

> **DEBRA BOWEN** Secretary of State