## F130000003161

| (Req                      | uestor's Name)   |                 |  |  |  |
|---------------------------|------------------|-----------------|--|--|--|
| (Add                      | ress)            |                 |  |  |  |
| (Add                      | lress)           |                 |  |  |  |
| (City                     | /State/Zip/Phone | <del>= #)</del> |  |  |  |
| PICK-UP                   | ☐ WAIT           | MAIL            |  |  |  |
| (Bus                      | iness Entity Nan | ne)             |  |  |  |
| (Document Number)         |                  |                 |  |  |  |
| Certified Copies          | Certificates     | s of Status     |  |  |  |
| Special Instructions to F | Filing Officer:  |                 |  |  |  |
|                           |                  |                 |  |  |  |
|                           |                  |                 |  |  |  |
|                           |                  |                 |  |  |  |

Office Use Only



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SECRETARY OF THE STATE OF THE S

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| ON SERVICE COMPANY  |              |             |         |           |         |
|---|--------------|-------------|---------|-----------|---------|
| ACCOUNT NO.   | :            | 1200000001  | 95      |           |         |
| REFERENCE   | :            | 732590      | 7906209 |           |         |
| AUTHORIZATION   | :            |             | ,       |           |         |
| COST LIMIT  | :            | Stroub BC   | enan    |           |         |
| ORDER DATE : July 19, 2013                                |              |             |         |           |         |
| ORDER TIME : 10:07 AM                                     |              |             |         |           |         |
| ORDER NO. : 732590-005                                    |              |             |         |           |         |
| CUSTOMER NO: 7906209                                      |              |             |         |           |         |
|   | <del>-</del> |             |         |           |         |
| FOREIGN F   | ILI          | <u>NGS</u>  |         |           |         |
| NAME: ECKE RANCH, II                                      | NC.          |             |         |           | AID.    |
| XXXX QUALIFICATION (TYPE: CO                              | <u>)</u> )   |             |         | 13 JUL 24 | SECRETA |
| PLEASE RETURN THE FOLLOWING AS                            | PR           | OOF OF FILE | NG:     | 7         |         |
| CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STA | AND          | ING         |         | H 8: 19   | STATE   |
| CONTACT PERSON: Susie Knight                              |              | EXT# 52956  |         |           |         |
|   |              | EYAMTNED.   |         |           |         |

## 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.

| ," "In                  |  | poration; must include "INCORPORAT! p," "Inc," "Co," or "Corp.")  | uD,  | COMPANT, CONTON,  |   |
|-------------------------|--|---|--|---|---|
| in Fi                   | e unavailable                            | le in Florida, enter alternate corporate na   | me a   | adopted for the purpose of transacting business in Florida  | )   |
|                         | nia                                      |   | 3.   | 46-0946062<br>3.  |   |
| er the                  | country und                              | der the law of which it is incorporated)  | •  | (FEI number, if applicable)   |   |
|                         | 012                                      |   | perpetual<br>5.                                  |   |   |
| incor                   | (Date of                                 | f incorporation)  | (Duration: Year corp. will cease to exist or "pe |   | )   |
|                         |  |   |  |   |   |
|                         |  |   |  | Florida, if prior to registration)<br>602, F.S., to determine penalty liability)  |   |
| ., SU                   | cinitas Blvd                             | d., SUite 104, Encinitas CA 92024   |  |   |   |
|                         |  | (Principal office   | addr   | ess)  |   |
| ncini                   | 230488, E                                | Encinitas, CA 92023-0488  |  |   |   |
|                         |  | (Current mailing  | addı   | ess)  |   |
|                         |  |   |  |   |   |
|                         |  | al horticulture products  |  |   |   |
| corp                    | urpose(s) of                             | of corporation authorized in home state o   | r co   | untry to be carried out in state of Florida)  | <u>.</u>  |
| ddres                   | and street a                             | address of Florida registered agent: (  | (P.C   | ). Box NOT acceptable)  | <i>↓</i><br>==  |
| Corpo                   | lame:                                    | Corporation Service Company   |  | ·   | =<br>2  |
| 1201                    | dress:                                   | 1201 Hays Street  |  | 4   | <del>-</del>  |
| allah                   | _  | Tallahassee   |  | Florida 32301   | S<br>Z  |
|                         | _  | (City)  |  | (Zip code)  | _   |
| f'e si                  | tered aven                               | nt's acceptance:  |  | •   | _   |
| as re<br>plica<br>ply w | en named<br>I in this ap<br>ree to com   | l as registered agent and to accept so<br>pplication, I hereby accept the appoint<br>ply with the provisions of all statute | intn<br>es r                                     | ce of process for the above stated corporation at th<br>nent as registered agent and agree to act in this ca<br>elative to the proper and complete performance of<br>f my position as registered agent. | pacit   |
| plica<br>ply w<br>iliar | d in this ap<br>ree to com<br>d I am fam | oplication, I hereby accept the appoi   | intn<br>es r                                     | nent as regist<br>elative to the  | tered agent and agree to act in this ca<br>proper and complete performance of |

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.

(Registered agent's signature)

Asst. Vice President

| 12. Nan                  | nes and business addresses of officers and/or directors:   |               |  |
|--------------------------|--|---------------|--|
| A. DIR                   | ECTORS   |               |  |
| Chairmar                 | n:   |               |  |
| Address:                 |  |               |  |
|                          |  |               |  |
| Vice Cha                 | irman:   |               | <u></u>  |
| Address:                 |  |               |  |
| Director:                | Andrew A. Higgins  |               |  |
| Address:                 | 527 Enginites Phys. Suite 104 Enginites CA 92024   |               |  |
| Director:                | Steven E. Rinehart   |               |  |
| Address:                 | 527 Encinitas Blvd. Suite 104. Encinitas. CA 92024   |               |  |
| B. OFF                   | Andrew A. Higgins  |               |  |
| Address:                 | 527 Encinitas Blvd., Suite 104, Encinitas, CA 92024  |               |  |
| Vice Pres                | ident:   | 13            | STEE STEE  |
| Address:                 |  | JUL  24       |  |
| Secretary:               | Steven E. Rinehart   | 3             | 355  |
| Address:                 | 527 Encinitas Blvd., Suite 104, Encinitas, CA 92024  | _ <del></del> | RAI  |
| Treasurer                | Leslie Morgan  | 9             | # T  |
| Address:                 | 527 Encinitas Bivd., Suite 104, Encinitas, CA 92024  |               | <del></del>  |
| NOTE:                    | If necessary, you may attach an addendum to the application listing additional officers and/or direction of the second of the se | tors.         | lawanda dirunka waka ndinaka disaka disaka disaka di |
| are true a<br>a third de | Signature of Director or Officer cer or director signing this document (and who is listed in number 12 above) affirms that the facts signed that he or she is aware that false information submitted in a document to the Department of Stategree felony as provided for in s.817.155, F.S.  lie Morgan, Chief Financial Officer / Treasurer   |               |  |
| 14.                      | (Typed or printed name and capacity of person signing application)   |               | <del></del>  |

## State of California

## Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ECKE RANCH, INC.

FILE NUMBER:

C3502771 09/10/2012

FORMATION DATE: TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

SECRETORY OF STATE OF

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 July 22, 2013.

DEBRA BOWEN Secretary of State