

F 13000005432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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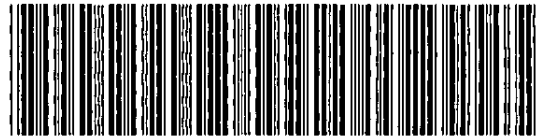
(Business Entity Name)

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DATE: 12/18/13

NAME: SMG EXTOL, INC

TYPE OF FILING: APPLICATION

COST: 87.50 - Check is attached

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000018

~~AUTHORIZATION: ARBITRARY HOOD~~

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DIVISION OF CORPORATIONS

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SMG EXTOL, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ALEXANDER P. MYERS

Name of Person

MYERS, HAWLEY, ET AL.

Firm/Company

166 MAIN STREET

Address

LOS ALTOS, CA 94022

City/State and Zip code

ALEX@MYERSLAW.BIZ

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDER P. MYERS at (650) 948-1600

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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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.*

1. **SMG EXTOL, 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**

(State or country under the law of which it is incorporated)

3. **94-3270968**

(FEI number, if applicable)

4. **MAY 23, 1997**

(Date of incorporation)

5. **PERPETUAL.**

(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. **4124 CLIPPER COURT, FREMONT, CA 94538**

(Principal office address)

4124 CLIPPER COURT, FREMONT, CA 94538

(Current mailing address)

8. **LIMITED ENERGY CONTRACTOR.**

(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:

Cal Title-Search

Office Address:

1540 Glenway Drive

Tallahassee

(City)

, Florida

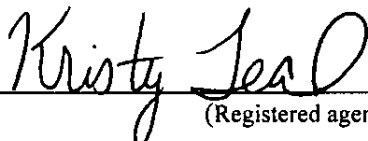
32301

(Zip code)

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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.

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

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A. DIRECTORS

Chairman: JOHN FRIESEN

Address: 4124 CLIPPER COURT, FREMONT, CA 94538

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Vice Chairman: _____

Address: _____

Director: IGNACIO DEL RIO

Address: 4124 CLIPPER COURT, FREMONT, CA 94538

Director: MARK SAWYER

Address: 4124 CLIPPER COURT, FREMONT, CA 94538

B. OFFICERS

President: JOHN FRIESEN

Address: 4124 CLIPPER COURT, FREMONT, CA 94538

Vice President: IGNACIO DEL RIO

Address: 4124 CLIPPER COURT, FREMONT, CA 94538

Secretary: IGNACIO DEL RIO

Address: 4124 CLIPPER COURT, FREMONT, CA 94538

Treasurer: JOHN FRIESEN

Address: 4124 CLIPPER COURT, FREMONT, CA 94538

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. JOHN FRIESEN, PRESIDENT.

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

State of California
Secretary of State

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CERTIFICATE OF STATUS

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ENTITY NAME:

SMG EXTOL, INC.

FILE NUMBER: C2011704
FORMATION DATE: 05/23/1997
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 16, 2013.

Debra Bowen

DEBRA BOWEN
Secretary of State