

**FL4000002112**

**Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (850) 656-7956  
Fax Number : (850) 656-7953

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

**Email Address:** mquillinan@fmcslaw.com

**FOREIGN PROFIT/NONPROFIT CORPORATION  
BLAZER AND FLIP FLOPS, INC.**

Certificate of Status	<b>1</b>
Certified Copy	<b>1</b>
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14 MAY 13 AM 10:21

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDASECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# 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. **BLAZER AND FLIP FLOPS, 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. **DE**

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. **FEBRUARY 19, 2013**

(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. **4660 LA JOLLA VILLAGE DRIVE, SUITE 360, SAN DIEGO, CA 92122**

(Principal office address)

**4660 LA JOLLA VILLAGE DRIVE, SUITE 360, SAN DIEGO, CA 92122**

(Current mailing address)

8. **TO ENGAGE IN ANY LAWFUL ACT FOR WHICH CORPORATIONS MAY BE ORGANIZED UNDER DE LA**

(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: **NRAI Services, Inc.**

Office Address: **1200 South Pine Island Road**

**Plantation**, Florida **33324**

(City) (Zip code)

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.*

NRAI Services, Inc.

By: Donna Ellison

(Registered agent's signature)

Ass't Sec. 5/13/14

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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: SCOTT SAHADI

Address: 4660 LA JOLLA VILLAGE DRIVE, SUITE 360, SAN DIEGO, CA 92122

Vice Chairman: RAY ATKIN

Address: 4660 LA JOLLA VILLAGE DRIVE, SUITE 360, SAN DIEGO, CA 92122

Director:

Address:

Director:

Address:

**B. OFFICERS**

President: SCOTT SAHADI

Address: 4660 LA JOLLA VILLAGE DRIVE, SUITE 360, SAN DIEGO, CA 92122

Vice President:

Address:

Secretary: RAY ATKIN

Address: 4660 LA JOLLA VILLAGE DRIVE, SUITE 360, SAN DIEGO, CA 92122

Treasurer: SCOTT SAHADI

Address: 4660 LA JOLLA VILLAGE DRIVE, SUITE 360, SAN DIEGO, CA 92122

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. RAY ATKIN, DIRECTOR AND SECRETARY

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

# Delaware

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLAZER AND FLIP FLOPS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLAZER AND FLIP FLOPS, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF FEBRUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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14 MAY 13 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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at [corp.delaware.gov/authvar.shtml](http://corp.delaware.gov/authvar.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1367551

DATE: 05-13-14