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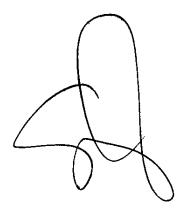
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COVER LETTER

TO: New Filling Section Division of Corporations	
SUBJECT: NATIONAL F	RANCHISE SALES, INC.
	ration - must include suffix
Dear Sir or Madam:	
	on for Authorization to Transact Business in Florida," d Standing" and check are submitted to register the ousiness in Florida.
Please return all correspondence concerning this r	matter to the following:
MICHAEL J	1. INGRAM
Nan	ne of Person
NATIONAL FRA	WHISE SALES, INC.
Firm	d'Company
1601 DONE STREET	T, STE.150
	Address
NEWPORT BEAG	CH, CA 92660
City/S	tate and Zip code
NFS @NATIONALFRANCI	USESALES. COM used for future armual report notification)
E-mail address: (to be	used for future annual report not mication)
For fluther information concerning this matter, pl	ease call:
AAIZHAEL IIII.MAAA	11 11 A A A A A A A
Name of Person at (94	Area Code & Daytime Telephone Number
	and over to Dayland Totalphone Thanks
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
Enclosed is a check for the following amount:	
☐ \$70.00 Filling Fee ☐ \$78.75 Filling Fee & Certificate of Status	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607, 1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTERA FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. NATIONAL FRANCHISE SALES 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 3. 33. 0546785
(State or country under the law of which it is incorporated) (FII murber, if (FLI murber, if applicable) 4. 02.28.91 5. PERPETVAL

(Date of incorporation) (Duration: Year corp. will cease to exist or 'perpetual') (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 1601 DOVE ST. #150, NEWPORT BEACH, CA 9260
(Principal office address) 1601 DOVE ST. # 150, NEWPORT BEACH, CA 91660
(Current mailing address) 8. FRANCHISE BUSINESS BROKERAGE
(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) Namet 25/5 W. Simms Blvd. Office Address: Tampu Florida 33609 (City) (Vin 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.

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:
Address:
Vi., Christian
Vice Chairman:
Address:
Director:
Address:
Director: EMILY BURNS
Address: 1601 DONE ST. #150, NEWPORT BEACH CA 92660
B. OFFICERS
President: JEROME J. THISSEN
Address: 1601 DOVE ST. #150, NEWPORT BEACH, CA 91660
Address: _ 1601 D000 D(.11100) 1000 1010 P07 CP1, CP1 11600
Vice President: MICHAEL J. INGRAM
Address: 1601 DOVEST. #150, NEWPORT BEACH, CA 92660
Secretary: ALAN F. GALLUP
Address: 1601 DOVE ST. #150, NEWPORT BEACH, CA 92660
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13
13. <u>Jecore J. Missey</u> 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 felongy as provided for in s.817155, F.8
14. Comment of the state of the
(Typed or printed name and dapacity of person signing application)

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

NATIONAL FRANCHISE SALES, INC.

FILE NUMBER:

C1703633

FORMATION DATE:

02/28/1992

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 13, 2014.

DEBRA BOWENSecretary of State