F14000004936

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(Address)

(Address)

(City/State/Zip/Phone #)

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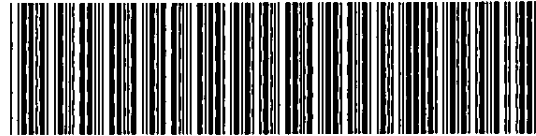(Business Entity Name)

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DATE: 11/20/14

NAME: FLUFFY TOUR, INC.

TYPE OF FILING: APPLICATION

COST: 78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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. **Fluffy Tour, 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. _____

   (State or country under the law of which it is incorporated)   (FEI number, if applicable)

4. **January 10, 2014** _____ 5. **Perpetual** _____

   (Date of incorporation)   (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. **13801 Ventura Blvd., Sherman Oaks, CA 91423**

   (Principal office address)

   13801 Ventura Blvd., Sherman Oaks, CA 91423

   (Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

   Name: **Northwest Registered Agent LLC**

   Office Address: **3030 N. Rocky Point Dr, STE 150A**

   Tampa _____ , Florida **33607**

   (City)   (Zip code)

9. **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)

10. 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

Director: **Gabriel Iglesias**

Address: **13801 Ventura Blvd.**

Sherman Oaks, CA 91423

Director: _____

Address: _____

B. OFFICERS

President: **Gabriel Iglesias**

Address: **13801 Ventura Blvd.**

Sherman Oaks, CA 91423

Vice President: _____

Address: _____

Secretary: **Gabriel Iglesias**

Address: **13801 Ventura Blvd., Sherman Oaks, CA 91423**

Treasurer: **Gabriel Iglesias**

Address: **13801 Ventura Blvd., Sherman Oaks, CA 91423**

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

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.

13. **Gabriel Iglesias, President**

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

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

FLUFFY TOUR, INC.

FILE NUMBER:	C3633521
FORMATION DATE:	01/10/2014
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 November 17, 2014.

DEBRA BOWEN
Secretary of State

NLH