# F150000000514

| (Requ                        | estor's Name)   |             |
|------------------------------|-----------------|-------------|
| (Addre                       | ess)            | <del></del> |
| (Addre                       | ess)            |             |
| (City/S                      | State/Zip/Phon  | e #)        |
| PICK-UP                      | ☐ WAIT          | MAIL        |
| (Busir                       | ness Entity Nar | me)         |
| (Docu                        | ment Number)    |             |
| Certified Copies             | Certificates    | s of Status |
| Special Instructions to Fili | ing Officer:    |             |
|                              |                 |             |
| ·                            |                 |             |
|                              |                 |             |





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02/02/15--01029--020 \*\*78.75

SECRETARY OF STATE SECRETARY OF STATE



14

### **COVER LETTER**

|   | ling Section   |  |          |   |  |
|---|--|--|----------|---|--|
| SUBJECT:  |  | Federighi [  | Desig    | ın, Inc.  |  |
| oobaner   | _  | <del></del>  |          | - must include suffix   |  |
| Dear Sir or Mad                                       | dam:   |  |          |   |  |
| "Certificate of I                                     | Existence,"  | n by Foreign Corpora<br>for "Certificate of Go<br>corporation to transac | ood Stan | ding" and check are su  | act Business in Florida,"<br>bmitted to register the               |
| Please return al                                      | l correspor  | dence concerning thi   | s matter | to the following:   |  |
|   |  | George F   | eder     | ighi  |  |
|   |  |  | ame of   |   |  |
|   |  | Federighi [  | Desig    | ın, Inc.  |  |
|   |  |  | rm/Com   |   |  |
|   |  | 3423 Reg   | atta     | Blvd  |  |
|   |  |  | Addre    |   |  |
|   |  | Richmond   | CA       | 94804   |  |
|   |  | •  |          | nd Zip code   |  |
|   | <del> </del>   | cerskine@]   |          |   |  |
| For further info                                      | rmation co   | ncerning this matter,  |          | or future annual report   | nouncation)  |
| Georg   | ge Fed   | lerighi at (   | 510      | , 236-2800  |  |
|   | of Person  | at (   |          | Code & Daytime Teleph   | none Number  |
| New Fil<br>Division<br>Clifton<br>2661 Ex<br>Tallahas | ing Section<br>of Corpor<br>Building<br>secutive Ce<br>ssee, FL 33 | rations<br>Inter Circle<br>2301  |          | MAILING A<br>New Filing So<br>Division of C<br>P.O. Box 632<br>Tallahassee, F | ection<br>orporations<br>7   |
| Enclosed is a ch                                      | eck for the  | following amount:  |          |   |  |
| □ \$70.00 Filing                                      | g Fee 🗆  | \$78.75 Filing Fee & Certificate of State                                |          | \$78.75 Filing Fee & Certified Copy   | ☐ \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

| (If name unavail                         | able in Florida, enter alternate corpor    | rate name adopted  | for the purpose of transacting bu  | siness in Florida) | -               |
|--|--|--|--|--------------------|-----------------|
| 2 C                                      | alifornia                                  | 3.   | 94-2986782   |                    |                 |
| (State or countr                         | ry under the law of which it is incorpo    | orated)  | (FEI number, if applica  |                    | _               |
| 44                                       | -29-1985                                   | 5  | "Perpetual" ion: Year corp. will cease to exis   |                    |                 |
| (Date                                    |  |  | ion: Year corp. will cease to exis   | t or "perpetual")  | _               |
| 6  |  | 1-2015   |  |                    | _               |
|  |  |  | a, if prior to registration) to determine penalty liability)   |                    |                 |
| 7.                                       | 3423 Regatta Blvo                          | d, Richmo  | nd, CA 94804   |                    |                 |
| ··-                                      |  | office address)  |  | AS:                | - 55            |
|  |  | SAME   |  | E SE               | <del>8</del> 3. |
|  | (Current ma                                | ailing address)  |  | NSSA<br>YSSA       | -2              |
| 8. Name and stree                        | et <u>address</u> of Florida registered ag | ent: (P.O. Box   | NOT acceptable)  | m <sub>S</sub>     | PH              |
| Name:                                    | Northwest Registered A                     | •  | . ,  | Cier<br>Pyres      | կ։ 02           |
| Office Address:                          | 3030 N. Rocky Point                        | Dr #150A   |  | 15-1               | ,0              |
|  | Tampa                                      |  | Florida 33607 (Zip code)   |                    |                 |
|  | (City)                                     | ,,   | (Zip code)   |                    |                 |
| designated in this<br>further agree to c |  | cept service of p<br>appointment as<br>statutes relative<br>gations of my po | rocess for the above stated co<br>registered agent and agree to<br>to the proper and complete po<br>esition as registered agent. | act in this capa   | icity. I        |

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.

APPROVEL.

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

| A. DIRECTORS   | 15 FEB -2 PH 4: 02            |
|--|-------------------------------|
| Chairman:  | - 111 4: 02<br>               |
| Address:   | TALLAHASSEE FI OPIDA          |
|  |                               |
| Vice Chairman:   |                               |
| Address:   |                               |
|  |                               |
| Director: Jerald Hyman   |                               |
| Address: 505 Collins Street  |                               |
| South Attleboro, MA 02703  |                               |
| Director:  |                               |
| Address:   |                               |
|  |                               |
| B. OFFICERS  |                               |
| President: George Federighi  |                               |
| Address: 3423 Regatta Blvd   |                               |
| Richmond CA 94804-4594   |                               |
| Vice President: Michael Reading  |                               |
| Address: 3423 Regatta Blvd   |                               |
| Richmond CA 94804-4594   |                               |
| Secretary: Jerald Hyman  |                               |
| Address: 505 Collins Street South Attleboro, MA 02703  |                               |
| Treasurer: George Courtot  |                               |
| Address: 505 Collins Street South Attleboro, MA 02703  |                               |
| NOTE: If necessary, you may attach an addendum to the application listing addition   | al 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) are true and that he or she is aware that false information submitted in a document to a third degree felony as provided for in s.817.155, F.S.  George Federighi, President |                               |

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

## State of California Secretary of State

CERTIFICATE OF STATUS



ENTITY NAME:

FEDERIGHI DESIGN, INC.

FILE NUMBER:

C1185524

FORMATION DATE:

04/29/1985

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 11, 2014.

DEBRA BOWEN Secretary of State