(Re	questor's Name)		
(Ad	dress)	····	
(Ad	dress)		
(Cit	y/State/Zip/Phone	> #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



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COVER LETTER

TO: New Filing Section

Division of Corporations	
SUBJECT: FIRSTREX AGREEM	MENT CORP.
	ntion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporatior "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	
Please return all correspondence concerning this m	natter to the following:
Don Shewmaker	
Nam	e of Person
FirstREX Agreement Corp.	
Firm/	Company
50 California St., #1625	
P	Address
San Francisco, CA 94111	
	ate and Zip code
don.shewmaker@1rex.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, ple	ease call:
Don Shewmaker41	5 \ 992-4204
Name of Person A	5 992-4204 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
Enclosed is a check for the following amount:	
■ \$70.00 Filing Fee	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICA	FION BY FOREIGN CORPORA BUSINES			LES.	が
EGISTER A FOR	WITH SECTION 607.1503, FLORIDA EIGN CORPORATION TO TRANSACT X AGREEMENT CORP.	T BUSIN			22
	rporation; must include "INCORPORATEL rp," "Inc," "Co," or "Corp."))," "CO	MPANY," "CORPORATION,"		
	ble in Florida, enter alternate corporate nam			s in Flori	da)
Delaware		_{3.} 90-	0767858		
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)		
10/4/2011		, Pe	rpetual		
·	of incorporation)	(Dura	ation: Year corp. will cease to exist or '	'perpetua	al")
NA					
	(Date first transacted business (SEE SECTIONS 607.1501 & 607			· · · · · · · · · · · · · · · · · · ·	
50 Californ	nia St., #1625, San Franc	cisco	, CA 94111		
	(Principal office a	ddress)			
50 Californ	iia St., #1625, San Francis	ico, C	A 94111		
	(Current mailing a	ddress)			
3. Name and stree	t address of Florida registered agent: (I	P.O. Bos	x <u>NOT</u> acceptable)		
Name:	NRAI Services, Inc.				
	1200 South Pine Island F	Road			
Office Address:					
	time to the contract of the co				
	Plantation		, Florida <u>33324</u>		

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.

> NRAI Services, Inc. (Registered agent's signature) Diane L. Flanagan, Asst. Secretary

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: Thomas Sponholtz	
Address: 50 California St, #1625	
San Francisco, CA 94111	्रे प
Vice Chairman: James Riccitelli	원 등
Address: 50 California St, #1625	2/ 6
San Francisco, CA 94111	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS President: Thomas Sponholtz and James Riccitelli	
Address: 50 California St, #1625	
San Francisco, CA 94111	
Vice President: Donald Shewmaker	
Address: 50 California St, #1625	
San Francisco, CA 94111	
Secretary: Brent Welling	
Address: 50 California St, #1625, San Francisco, CA 94111	
Treasurer: Brent Welling	
Address: 50 California St, #1625, San Francisco, CA 94111	
NOTE: If necessary, you may attach an addendum to the application listing additional off	icers and/or directors.
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.

Donald A. Shewmaker, Vice President

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIRSTREX AGREEMENT CORP." 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 TWENTIETH DAY OF FEBRUARY, A.D. 2015.

5047381 8300

150235859

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2139341

DATE: 02-20-15

You may verify this certificate online at corp.delaware.gov/authver.shtml