Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: INCORP SERVICES INC

Account Number: I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

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

FOREIGN PROFIT/NONPROFIT CORPORATION PERENNIAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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04:38:04 p.m. 03-31-2015

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Corporate Filing Menu

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COVER LETTER

TO: New Filing Sect Division of Corp		
	NNIAL, INC.	
SUBJECT:	Name of corporati	on - must include suffix
Dear Sir or Madam:	•	
"Certificate of Existence		or Authorization to Transact Business in Florida," tanding" and check are submitted to register the iness in Florida.
Please return all correspondent	ondence concerning this mat	ter to the following:
	Melissa	Gubler
	Name	of Person
	InCorp Se	rvices, Inc.
	Firm/Co	ompany
	2360 Corporate	Circle, Suite 400
	Ad	dress
	Henderson	, NV 89074
	•	and Zip code
		Dincorp.com
	E-mail address: (to be use	d for future annual report notification)
For further information of	concerning this matter, pleas	e call:
Melissa Gubler for InCon	ar (866-2500
Name of Person	Are Are	a Code & Daytime Telephone Number
STREET/COUR New Filing Sect Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations : Center Circle	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for t	he following amount:	
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

H150000805043

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.

California	3.	77-0100630	
State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
February 7	ə.		
•	of incorporation)	(Duration: Year corp. will cease to exist or "per	rpetual")
Upon regis	tration	_	
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
160 Muirfie	ld Dr., Ponte Vedra Beach, FL 320	82	
	(Principal office add	ress)	1
160 Muirfie	d Dr., Ponte Vedra Beach, FL 320	32	<u>≽8</u>
	(Current mailing add	ress)	7
			The state of the s
lame and <u>stree</u>	<u>st address</u> of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	InCorp Services, Inc.		17 C
ce Address:	17888 67th Court North		
	Loxahatchee	Florida 33470	SP FF
	(City)	(Zip code)	

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.

(Registered agent's signature)

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

A. DIRE				
Chairman	Barry E Hedquist 160 Muirfield Dr	**************************************		-
	Ponte Vedra Beach, FL 32082	·	_	-
Vice Chai	rman;			_
Address:				_
Director:	Donna Michael	····		-
Address:	160 Muirfield Dr			-
	Ponte Vedra Beach, FL 32082			-
Director:				_
				_
				_
B. OFFI	· - - · · · ·	₹s	15	
	Barry E. Hedquist	7:42	2	_^~
Address:	160 Muirfield Dr.	dir.	70	د بس د سم
	Ponte Vedra Beach, FL 32082		1 ;	_; [^_]
Vice Presi	dent:	Tiα.		֓֞֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
			(30)	_
		>	<u>.</u>	_
Secretary:	Donna Michael			_
Address:	160 Muirfield Dr., Ponte Vedra Beach, FL 32082			_
Тгсазигет;	Barry E. Hedquist			-
Address: _	160 Muirfield Dr., Ponte Vedra Beach, FL 32082			_
NOTE: 1	free stary, you may attach an addendum to the application listing additional officers and/or dis	rectors.		•
are true ar	er or director signing this document (and who is listed in number 12 above) affirms that the fact and that he or she is aware that false information submitted in a document to the Department of States of St	stated he tate const	erein titutes	
13				
	(Typed or printed name and carparity of person cigning application)			

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State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PERENNIAL

FILE NUMBER:

C1189835

FORMATION DATE:

02/07/1986

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 finalicial 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 March 20, 2015.

ALEX PADILLA Secretary of State

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