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#### **COVER LETTER**

TO: Registration Section		·	
Division of Corporations SKS PARTS DISTRIBUTION	I. INC.		
SUBJECT:			
Name o	f corporation -	- must include suffix	
Dear Sir or Madam:		,	
	of Good Stand	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.	
Please return all correspondence concernir KIM BARTLETT	ng this matter	to the following:	
	Name of P	Person	_
HR & ASSOCIATES, LLP			
10670 CIVIC CENTER DRIVE, SUITE #200	Firm/Comp	pany	_
RANCHO CUCAMONGA, CA 91730	Addres	ss	_
Kbartlett@hrallp.com	City/State an	d Zip code	_
E-mail address:	(to be used for	or future annual report notification)	
For further information concerning this ma	atter, please ca	all:	
KIM BARTLETT	909	444-0021	
Name of Person	at ( Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amo	unt:		
□ \$70.00 Filing Fee □ \$78.75 Filing Certificate o		\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Statu Certified Copy	ıs &

# 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. SKS PARTS DISTRIBUTION, 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) CALIFORNIA 26-4333243 2. (FÉI number, if applicable) (State or country under the law of which it is incorporated) 2/11/2009 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 314 WEST LANDSTREET ROAD, ORLANDO, FLORIDA 32824 (Principal office address) 1238 MESA DEL SOL, FULLERTON, CALIFORNIA 92833 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) OSAMA SOUDAH Name: 3000 DIRECTORS ROW Office Address: **ORLANDO** (City) 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

(Registered agent's signature)

duties, and I am familiar with and accept the obligations of my position as registered agent.

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. DIR	ECTORS OSAMA SOUDAH	
	1238 MESA DEL SOL	
Address:	FULLERTON, CA 92833	
Vice Cha	OSAMA SOUDAH	
Address:		
	FULLERTON, CA 92833	
Director:	OSAMA SOUDAH	
Address:	1238 MESA DEL SOL	
Muuless.	FULLERTON, CA 92833	
Director:		
Address:		
	TICERS OSAMA SOUDAH	
President	1238 MESA DEL SOL	_ •
Address:	FULLERTON, CA 92833	
W D	OSAMA SOUDAH	
	ident:	23 1
Address:	FULLERTON, CA 92833	29 2 11
_	OSAMA SOUDAH	12 13 m
Secretary	1238 MESA DEL SOL, FULLERTON, CA 92833	2.A S
Address:	OSAMA SOUDAH	
Treasure: Address:	1238 MESA DEL SOL, FULLERTON, CA 92833	
	If necessary you may attach an addendum to the application listing additional  Signature of Director or Officer	officers and/or directors.
are true a third d OSA	cer or director signing this document (and who is listed in number 11 above) af and that he or she is aware that false information submitted in a document to the egree felony as provided for in s.817.155, F.S.  AMA SOUDAH, PRESIDENT	firms that the facts stated herein e Department of State constitutes
	(Typed or printed name and capacity of person signing applica	tion)

### State of California

## Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

SKS PARTS DISTRIBUTION, INC.

FILE NUMBER:

C3200891

FORMATION DATE:

02/11/2009

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 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 September 10, 2015.

ALEX PADILLA
Secretary of State