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ALLANSSEE FLORES
SECRETARY OF STATE

N. Cutigers NOV 1 9, 2015

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Presentation Products,	Inc.	
	ntion - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	Standing" and check are sub-	
Please return all correspondence concerning this m	atter to the following:	
Rebecca Haines, Contract Admi	nistrator	
Nam	e of Person	
SPINITAR		
Firm/	Company	
16751 Knott Avenue		
F	Address	
La Mirada, CA 90638		
City/St	ate and Zip code	
RebeccaH@Spinitar.com		
E-mail address: (to be v	sed for future annual report r	notification)
For further information concerning this matter, ple	ase call:	
Rebecca Haines at (71	4) 367-2947	
	Code Daytime Telepl	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING A Registration S Division of Co P.O. Box 6323 Tallahassee, F	ection orporations
Enclosed is a check for the following amount:		
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & 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. Presentation Products Inc. 1. (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) 95-4044229 California 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) April 30, 1986 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 16751 Knott Avenue, La Mirada CA 90638 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Name: 17888 67th Court North Office Address: 33470 Loxahatchee (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.

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.

	s and business addresses of officers and/or directors	
hairman:	CTORS J. Jeffrey Irvin	,
	18072 Via Roma,	
_	Yorba Linda CA 92886	
ice Chair	man:	
ddress: _		
rector: _		
ddress: _		
_		
rector: _		
ddress: _		
_		
. OFFI	CERS	
resident:	Jeff Irvin	
ddress: _	18072 Via Roma	
_	Yorba Linda, CA 92886	<u> </u>
EO ice Presic	dent:	
ddress: _	5542 Azure Way	
_	Long Beach CA 90803	Fig >
ecretary:	Barbara Irvin	CONT. G
ddress: _		08
easurer:	Double and Tombia	
ddress: _		
_	If necessary, you may attach an addendum to the application listing additional officers and	d/or directors.
2.	V Mun	
	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the	ne facts stated herein
re true a	nd that he or she is aware that false information submitted in a document to the Departme	
	gree felony as provided for in s.817.155, F.S. Leftrey Fwin	
3	(Typed or printed name and capacity of person signing application)	

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PRESENTATION PRODUCTS, INC.

FILE NUMBER:

C1373312

FORMATION DATE:

04/30/1986

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 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 13, 2015.

> **ALEX PADILLA** Secretary of State