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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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DEPT. OF STATE
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NOV 23 AM 11:05

FILE

NOV 24 2015

J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PACIFIC EQUITY BUSINESS CORPORATION

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ANTONIO GONZALEZ

Name of Person

GONZALEZ & ASSOCIATES III, PA

Firm/Company

8436 W OAKLAND PARK BLVD

Address

SUNRISE, FL 33351

City/State and Zip code

AGONZALEZ@AMEFINANCIALGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIO GONZALEZ

954

773-7286

at ()

Name of Person

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 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.*

PACIFIC EQUITY BUSINESS CORPORATION

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)

2. CALIFORNIA 3. 27-1634892
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/30/2009 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 11/01/2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

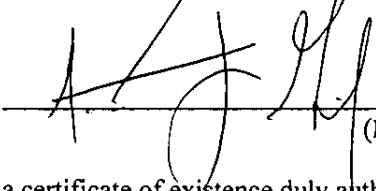
7. 333 SE 2nd AVE SUITE 2000 MIAMI, FLORIDA 33131
(Principal office address)
8436 W OAKLAND PARK BLVD SUNRISE, FL 33351
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: GONZALEZ & ASSOCIATES III, PA
Office Address: 8436 W OAKLAND PARK BLVD
SUNRISE, Florida 33351
(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.


(Registered agent's signature)

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: JONATHAN BENNETT

Address: 333 SE 2nd AVE SUITE 2000 MIAMI, FL 33131

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: JONATHAN BENNETT

Address: 333 SE 2nd AVE SUITE 2000 MIAMI, FL 33131

Vice President:

Address:

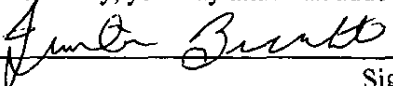
Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. JONATHAN BENNETT

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

RECEIVED
STATE DEPT OF STATE
TALLAHASSEE FLORIDA
2015 NOV 23 AM 11:05

State of California
Secretary of State

CERTIFICATE OF STATUS

RECEIVED

OCT 30 2015

ENTITY NAME:

PACIFIC EQUITY BUSINESS CORPORATION

BY: MP

FILE NUMBER: C3087847
FORMATION DATE: 02/15/2008
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 October 15, 2015.

Debra Bowen

DEBRA BOWEN
Secretary of State