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(((H16000108561 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

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. **

Email Address: DOCUMENTS (O IN

FOREIGN PROFIT/NONPROFIT CORPORATION

Alliance Premium Finance, Inc.

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

COVER LETTER

TO:		tration Solon Solon of Co	ection rporation	15						
SUBJI	e የ	Alliance	e Premil	ım Finance	a, Inc					
SUBUI	JC1.			Name of	corporati	on - n	nust inc	lude suffix		
Dear S	ir or M	iadam:								
"Certifi	icate o	f Existen	ce," or "(oreign Corp Certificate or ration to tra	f Good St	andin	ıg" and	check are s	sact B ubmit	usiness in Florida," ted to register the
Please	return	all corres	pondence	e concernin	g this mat	ter to	the foll	lowing:		
				ŀ	Melissa G	Buble	r			
			·		Name o	of Per	son			
				<u>I</u> n	Corp Se	rvices	s, inc.			
			_		Firm/Co	•	•			
		· 		3773 Howa			wy, Sı	ulte 500s	. <u></u> .	
				l a		iress	00400			
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POFTUR	iner m	iormanor	concern	ing this mat	ner, pieasi	e Call:	ļ			
llssa Gut	oler on 1	behalf of I	nCorp Ser	vices, inc.	702)	866-2	:500		
	Name	e of Perso	n		Area Co	ode	D	aytime Tel	ephon	e 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						
Enclose	disa	check for	the follo	wing amou	nt:					
\$70.	.00 Fili	ing Fee		3.75 Filing I ertificate of			78.75 F ertified	iling Fee & Copy		\$87.50 Filing Fee, Certificate of Status of Certified Copy
HI	600	0108	5 W1	3						Corunica Copy

A140001085613

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	and in a normal, enter anemitte corporate name	adopted for the purpose of transacting b	·				
(State or countr	y under the law of which it is incorporated)	3(FEI number, if applicable)					
06/17/2013	5.	Perpetual					
(Date	of incorporation)	(Date of duration, if other than perpetual)					
5315 Laurel (Canyon Blvd, Ste 201, Valley Village,	502, F.S., to determine penalty liability) CA 91607 pal office address)					
	(Current maili	ng address, if different)					
Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)	2016 MA				
Name:	InCorp Services, Inc.		graps summ				
ffice Address:	17888 67th Court North		ARY SSF				
ino riddioss.	Loxahatchee	 . Florida 33470	THE REPORT OF THE PERSON OF TH				
	((2))	(Zip code)	8: 43 STATE LORID				
	(City)	• • • • • • • • • • • • • • • • • • • •	<u> </u>				

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. DIREC	CTORS	TALLAHASSEE	AM 8
Chairman:		AHASSEE.	F 5.747
Address: _	· · · · · · · · · · · · · · · · · · ·		CORIO
— Vice Chairn	nan:		
Address: _			
Director:	Danny Gouhari		
Address:	5315 Laurel Canyon Blvd, Ste 201		
	Valley Village, CA 91607		
Director: _			
Address: _			
- B. OFFIC President:	CERS Danny Gouhari		
-	5315 Laurel Canyon Blvd, Ste 201	*****	
	Valley Village, CA 91607		
 Vice Presido	Danny Gouhari		
	315 Laurel Canyon Blvd. Ste 201. Valley Village. CA 91607		
Address:			
reasurer: _			
Address:			
. 🔊	necessary, you may attach an addendum to the application listing additional office	ers and/or directors.	
12.	Signature of Director or Officer		-
are true and	or director signing this document (and who is listed in number 11 above) affirms d that he or she is aware that false information submitted in a document to the Depree felony as provided for in s.817.155, F.S.		

13. Danny Gouhari, President

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

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State of California Secretary of State

CERTIFICATE OF STATUS



ENTITY NAME:

ALLIANCE PREMIUM FINANCE, INC

FILE NUMBER: FORMATION DATE:

C3580195 06/17/2013

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 April 26, 2016.

ALEX PADILLA Secretary of State

NP-25 (REV 01/2015)

AMW