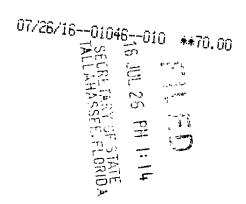
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(Requ	iestor's Name)			
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PICK-UP	☐ WAIT	MAIL .		
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Certified Copies	Certificates	of Status		
Special Instructions to Fil	ling Officer:			
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Office Use Only



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1. HARRIS

#### **COVER LETTER**

TO:	Registration Sect Division of Corp					
SHRI	Athas Capi	tal Group, Inc.				
SOB		Name	of corporation	n -	must include suffix	
Dear S	Sir or Madam:					
"Certi	nclosed "Application ficate of Existence referenced foreign	" or "Certificate,"	of Good St	and	uthorization to Transacing" and check are subning in Florida.	t Business in Florida," nitted to register the
Please	return all correspo	ondence concern	ing this matt	er t	o the following:	
Melin	da O'Connor					
-	<del>11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 </del>	· · · · · · · · · · · · · · · · · · ·	Name o	f Pe	erson	
Athas	Capital Group, Inc.					
			Firm/Co	mp	any	
26901	Agoura Road Suite	250		•		
	<u>.</u>		Ado	ires	S	
Calaba	asas, CA 91301					
			City/State	and	l Zip code	
Melin	da@AthasCapital.co					
		E-mail address	s: (to be use	d fo	r future annual report n	otification)
For fu	orther information of	concerning this n	natter, pleas	e ca	11:	
Melin	da O'Connor		818		914-3000	
	Name of Person		at (	ode	Daytime Teleph	one 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			
	sed is a check for t	he following am  \$78.75 Filir Certificate	ng Fee &	_	\$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.

	ble in Florida, enter alternate corporate name		g business in Florida)	
California		20-8803449		
(State or country under the law of which it is incorporated)		(FEI number, if ap	(FEI number, if applicable)	
(Date 05/02/2016	of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)	
6901 Agoura Ro	(SEE SECTIONS 607.1501 & 607.15 ad. Suite 250. Calabasas, CA, 91301	n Florida, if prior to registration) 502, F.S., to determine penalty liabili	ty)	
	(Princip	pal office address)		
<u>=</u> .	(Current mailin	ng address, if different)		
	t address of Florida registered agent: (P.C	D. Box NOT acceptable)	16 JUL SECRE: JALLAH	
Name:	155 Office Plaza Drive, 1st Floor		26 P	
	Tallahassee	32301 , Florida	PM 1:1	
	(City)	(Zip code)		
	ent's acceptance: ed as registered agent and to accept serve application, I hereby accept the appoints	ice of process for the above state ment as registered agent and agr relative to the proper and comple	ee to act in this capa	

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. DIRECTORS	
Chairman:	<del>_</del>
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
Brian O'Shaughnessy	
President:	SE SE
Calabasas, CA 91301	计 量 第
Alim Kassam Vice President:	S 20
26901 Agoura Road #250 Address:	Te P (n
Calabasas, CA 91301	RE I
Kevin O'Shaughnessy Secretary:	<u>⊃™</u> +
26901 Agoura Road #250 Calabasas, CA 91301 Address:	
Treasurer:	
Address:	
NOTE: If necessary/yourney/attach an addendum to the application listing additiona	al 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) a	offirms that the facts stated havein
are true and that he or she is aware that false information submitted in a document to the	
a third degree felony as provided for in s.817.155, F.S.  Kevin O'Shaughnessy, COO	
13. (Typed or printed name and capacity of person signing applications)	ation
(1) ped of prince name and capacity of person signing applied	accour,

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

**DATE:** 7/21/2016

ENTITY NAME: ATHAS CAPITAL GROUP, INC

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Sharon Cooke, Assistant Secretary Paracorp Incorporated

Sharon Cooke

### State of California

## Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ATHAS CAPITAL GROUP, INC.

FILE NUMBER:

C2985422

FORMATION DATE:

04/04/2007

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 June 27, 2016.

ALEX PADILLA Secretary of State