F16000004173

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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K. SALY EXAMINER SEP 20

COVER LETTER

	egistration Sec Division of Cor					
CHID IEC	American	Blast Systems, Inc.				
SUBJEC	<u></u>	Name of	corporatio	n - mu	st include suffix	
Dear Sir o	or Madam:					
"Certifica	ite of Existenc		f Good Sta	anding'	and check are sub	et Business in Florida," mitted to register the
Please ret	urn all corresp	ondence concerning	g this matt	er to th	e following:	
				encer		
4	Dist Contract	Τ	Name o	f Perso	n	
American	Blast Systems,	inc.				
			Firm/Co	mpany		
			3101 Vil	Ja Wav		
			Add	ress		
		N	ewport Bea	ch. CA	92663	
			City/State			
		bent	@american	olastsys	tems.com	
		E-mail address:	(to be used	l for fu	ture annual report r	otification)
For further	er information	concerning this ma	tter, please	call:		
Ben Spene	cer	a	t (949)	675-4555	
	Name of Perso		Area Co		Daytime Telepl	none 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 amou	nt:			
\$ 70.00	0 Filing Fee	□ \$78.75 Filing Certificate of			3.75 Filing Fee & tified 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.

American Blast 1.	Systems, Inc.		
(Enter name of c	orporation; must include "INCORPORATED." "Corp." "Inc." "Co." or "Corp.")	COMPANY." "CORPORATION	1."
(If name unavail	able in Florida, enter alternate corporate name add	pted for the purpose of transacting	ng business in Florida)
2		30-0809792	
2. 3. (State or country under the law of which it is incorporated) 4. 5.			
(Date of incorporation) (Date of duration, if other than perp			
6			·
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) F.S., to determine penalty liabili	ity)
7	a Way, Newport Beach, CA 92663		,
,· <u> </u>	(Principal	office address)	
			201
	(Current mailing a	ddress, if different)	SER
8. Name and street	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	88 6 1
Name:	InCorp Services, Inc.		
Office Address:	17888 67th Court North		## #
	Loxahatchee	33470 . Florida	
	(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.

Jackie DeFilippis on behalf of InCorp Services, Inc.

(Registered agent's signature)

10. Attached is a cortificate 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	s and business addresses of officers and/or directors:	P. W. E.
A. DIREC	CTORS	2016 SEP 16 PK 3: 42
Chairman:	Don Culver	16 PK 2
Address:	708 Channel Place	TATUALANT UF STAN
	lewport Beach, CA 92663	Est Plant
Vice Chairn	Gary Gardner	
Address:	118 Winding Shore Rd.	
Tr	routman, NC 288166	
Director: _		
Address:		
_		
Director: _		
Address: _		
-		
B. OFFIC	CERS	
President:	Don Culver	
-	3708 Channel Place	
	Newport Beach, CA 92663	
Vice Preside	Don Culver lent:	
	3708 Channel Place	
<u> </u>	Newport Beach, CA 92663	
Secretary:	Don Culver	
Address: _	3708 Channel Place, Newport Beach, CA 92663	
Treasurer:	Don Culver	
Address: _	3708 Channel Place, Newport Beach, CA 92663	
NOTE: If	f necessary, you may attach an adderdum to the application listing additional of	ficers and/or directors.
12	I I The	
are true and a third deg	Signature of Director or Officer per or director signing this document (and who is listed in number 11 above) affired that he or she is aware that false information submitted in a document to the gree felony as provided for in s.817.155, F.S. 1 Culver	

State of California

Secretary of State

CERTIFICATE OF STATUS



ENTITY NAME:

AMERICAN BLAST SYSTEMS, INC.

FILE NUMBER:

C3638532

FORMATION DATE:

01/21/2014

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

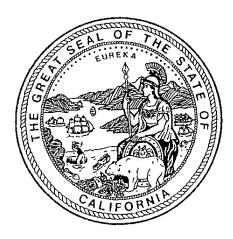
STATUS:

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 13, 2016.

ALEX PADILLA Secretary of State