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NAME: MAYA FINANCIAL SERVICES, INC.

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AUTHORIZATION: ABBIE/PAUL HODGE

attodge

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJ	ECT: Mava Fin	ancial Services. Inc.			Ð
_		Name of corpora	tion - mus	t include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existenc	ion by Foreign Corporation e," or "Certificate of Good n corporation to transact bu	Standing"	and check are sub	
Please	return all corresp	ondence concerning this ma	atter to the	following:	
		Jenn	ifer Belcher	•	1
		Namo	of Persor	ı	
			s of Jennife Company	r S. Belcher	
		1 111110	Company		
		515 W. Ath			<u>+</u>
		A	ddress		
		Clovis, CA 9			
		•	te and Zip	code	
jennite	ersbelcher@gmail.c				
		E-mail address: (to be us	sed for fut	are annual report	notification)
For fu	rther information	concerning this matter, plea	ise call:		
<u>Jennife</u>	er Belcher	■ at (<u>619</u>	■) <u>56</u>	7-7494	E
	Name of Perso	n Area	Code	Daytime Telep	hone 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	
Enclos	sed is a check for	the following amount:			
□ \$70	0.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status		75 Filing Fee & ified 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.

••	cial Services, Inc.				
	orporation; must include "INCORPORA orp," "Inc," "Co," or "Corp.")	ATED," "(COMPANY," "CORPORATION,"	,,	
(If name unavoile	ible in Florida, enter alternate corporate		mend for the manage of transcription	huginasa in Elouida)	
			-		
2. Delaware	y under the law of which it is incorporate	3	(FFI 1 'f	1:11_\	
	ıst 8, 2016	5	(Date of duration, if other th		
(Date	of incorporation)		han perpetual)		
ó					
			orida, if prior to registration) , F.S., to determine penalty liability	y)	
, 5160 Van N	uys Blvd #350, Sherman Oak	s, CA 91	1403		
·		(Principal o	office address)		
	(Curren	t mailing a	ddress, if different)	-1	
				产品的 7.	
3. Name and stree	et address of Florida registered agen	ıt: (P.O. E	Box NOT acceptable)		77
	Desistand Agents Inc		· ·	25% b 1	=
Name:	Registered Agents Inc.		_		—] [1]
Office Address:	3030 N. Rocky Point Dr Ste	e 150A	-		ب
	•			9: 44 STATE FLORID	
	TAMPA (City)		, Florida <u>33607</u>	\$m #	
	(City)		(Zip code)		
•	ent's acceptance:				
	ed as registered agent and to accep application, I hereby accept the ap				
	omply with the provisions of all sta				
	amiliar with and accept the obligat				
	_				
	Psec	H_	me_		
_					
	(Regi	istered ager	nt'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.

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

A. DIRE	CTORS							
Chairman:	Daniel Cho 5160 Van Nuys Blvd #350, Sherman Oaks, CA 91403							
Address: _								
Vice Chair	man: N/A							
Address: _								
Director: _	Aric Fedida							
Address: _	5160 Van Nuys Blvd #350, Sherman Oaks, CA 91403							
Director:	William Borden	77 Jul 9						
Address: _	5160 Van Nuys Blvd #350, Sherman Oaks, CA 91403	- 						
B. OFFI	CERS Daniel Cho	AM 9: 44 OF STATE						
	5160 Van Nuys Blvd #350, Sherman Oaks, CA 91403							
	lent: Aric Fedida							
Address: _	5160 Van Nuys Blvd #350, Sherman Oaks, CA 91403							
Secretary:	Gabriel Borden							
Address: _	5160 Van Nuys Blvd #350, Sherman Oaks, CA 91403							
Treasurer:	Daniel Cho							
Address: _	5160 Van Nuys Blvd #350, Sherman Oaks, CA 91403							
	f necessary, you may attach an addendum to the application listing additional offic	eers and/or directors.						
The office	Signature of Director or Officer or or director signing this document (and who is listed in number 11 above) affirms and that he or she is aware that false information submitted in a document to the Degree felony as provided for in s.817.155, F.S. Daniel Cho (Typed or printed name and capacity of person signing application)	partment of State constitutes						

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MAYA FINANCIAL SERVICES INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JUNE, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAYA FINANCIAL SERVICES INC." WAS INCORPORATED ON THE EIGHTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

The state of the s

Authentication: 202794947

Date: 06-28-17

6118229 8300 SR# 20174990150