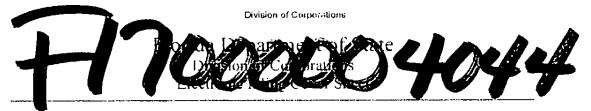
9/7/2017



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000240643 3)))



H170002468433ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* Email Address:\_

## FOREIGN PROFIT/NONPROFIT CORPORATION

Visioneering Studios Real Estate, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

## 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

1 VISIONEERING STUDIOS REAL ESTATE, INC.

(If name unavail	able in Florida, enter alternate corporate name :	adopted for the purpose of transacting business in Florida)	
2. California	3.	(FEI number, if applicable)	
(State or count	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 10/13/2014		Perpetual	
(Dat	of incorporation)	(Date of duration, if other than perpetual)	
. Upon Qualifica			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	r Florida, if prior to registration) 502, F.S., to determine penalty liability)	
2050 Main Street	Suite 400, Irvine, CA 92614		<b>.</b>
	(Princip	ad office address)	0 -1
same		<u> </u>	分了
	(Curest mattin	ng address, if different)	1 T
S. Norme and steel	<u>rt address</u> of Florida registored agent: (P.C	nal office address)  og address, if different)  O. Box NOT acceptable)	FH 9: 43
i. Ivanie and <u>sq.c.</u>	Anna 1625 of Frontia registered agent. (F.C.	7. 150x (AS7) acceptance	- <del></del>
Name:	C T Corporation System		¥-
		<u></u>	= <b>£</b> 1
Mice Address:	1200 South Pine Island Road		
Office Address:	1200 South Pine Island Road  Plantation		
Office Address:		, Florida <u>33324</u> (Zip code)	
	Plantation (City)	, Florida 33324	
. Registered ag	Plantation (City) ent's acceptance:	, Florida 33324 (Zip code)	lace
. Registered ag laving been nan lesignated in this	Plantation (City)  ent's acceptance: led as registered agent and to accept sorvice application, I hereby accept the appointn	, Florida <u>33324</u> (Zip code)  ice of process for the above stated corporation at the plucht as registered agent and agree to act in this capaci	ity. 1
). Registered ag Taving been nan lesignated in this Turther agree to c	Plantation (City)  ent's acceptance: led as registered agent and to accept sorvice application, I hereby accept the appointn	, Florida 33324 (Zip code)  ice of process for the above stated corporation at the plument as registered agent and agree to act in this capacite to the proper and complete performance of my	ity. 1
). Registered ag Taving been nan lesignated in this Turther agree to c	Plantation (City)  ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appoints comply with the provisions of all statutes refunding with and accept the obligations of	, Florida 33324 (Zip code)  ice of process for the above stated corporation at the plurant as registered agent and agree to act in this capacited to the proper and complete performance of my fixy position as registered agent.	ity. 1
Having been nan lesignated in this urther agree to c luties, und I am j	Plantation (City)  ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appoints comply with the provisions of all statutes refunding with and accept the obligations of	, Florida 33324 (Zip code)  ice of process for the above stated corporation at the plument as registered agent and agree to act in this capacite to the proper and complete performance of my	ity. 1

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. DIREC	TORS SEE ATTACHMENT
Chairman: _	
Vice Chairma	n:
Director	
Address:	
	الحد رع
B. OFFICE	GRS SEE ATTACHMENT  SEE SEE ATTACHMENT  SEE SEE ATTACHMENT
President'	SE T
Address:	<u> </u>
	: 1
Vice Presiden	u
Address:	
*******	
Secretary: Ja	a Gordan
Address: 205	0 Main Street Suite 400, Irvine, CA 92614
Tieasurer:	
Address:	
NOTE: if n	ecessary, you may attach an addendum to the application listing additional officers and/or directors.
	Signature of Director or Officer
are true and	or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein that he or she is aware that false information submitted in a document to the Department of State constitutes be felony as provided for in s.817.155, F.S.
13	James Cortez (FO) (Typed or printed name and capacity of person signing application)
	(Typed or printed name and capacity of person signing application)

Page 5 of 7

Attachment to Florida Officers & Directors

Full Name: Joel Forehand

Officer/Director: Officer Officer's Title: CEO

Director's Title:

2050 Main Street Suite 400 Business Address:

City: livine CA F State: ZIP Code: 92614

Full Name: James Conez

Officer/Director: Officer Officer's Title: CFO

Director's Title:

Business Address: 2050 Main Street Suite 400

City: Irvine State: CAZIP Code: 92614

Full Name: Larry Winger

Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 2050 Main Street Suite 400

City: hvine State: CA ZIP Code: 92614 Full Name: John Parker

Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 2050 Main Street Suite 400

City: Livine ÇA State: ZIP Code: 92614

Full Name: Thomas McGlinchey To: Page 6 of 7 2017-09-07 13 57 23 CST 12122023573 From: Kimberly Laughrey

Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 2050 Main Street Suite 400

City: Irvine
State: CA
ZIP Code: 92614

## State of California Secretary of State

CERTIFICATE OF STATUS

## ENTITY NAME:

VISIONEERING STUDIOS REAL ESTATE, INC.

FILE NUMBER:

C3717525

FORMATION DATE:

10/13/2014

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 06, 2017.

> **ALEX PADILLA** Secretary of State