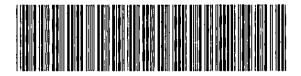
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
Office Use Only



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COVER LETTER

TO:	Registration Division of C				
TIPI	Brown ECT:	United. Inc.			
3050	EC1	Name o	f corporation	- must include suffix	
Dear S	ir or Madam:				
"Certif	icate of Existe		of Good Star	nding" and check are su	act Business in Florida," ibmitted to register the
Please	return all corre	spondence concernin	g this matter	r to the following:	
Tamara	Brown				
			Name of	Person	
Brown	United, Inc.				
			Firm/Com	ipany	
P.O. Bo	1700 גנ				
			Addre	ess	
Monrov	ia.CA 91017				
			City/State at		
tami.bro	inuawoul@nwr.		,		
		E-mail address: (to be used t	or future annual report	notification)
For furt	ther informatio	n concerning this mat	ter, please c	all:	
Pedro S	andoval	at	626	357-1161	
	Name of Pers		Area Code	Daytime Telep	hone Number
	Registration Solivision of Co Clifton Buildin	rporations ng e Center Circle		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclose	d is a check for	the following amour	nt:		
□ \$ 70.0	00 Filing Fee	S78.75 Filing F Certificate of S		\$78.75 Filing Fee & Certified Copy	S87.50 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.

l	nc.			
•	corporation; must include "INCORPO Corp." "Inc." "Co." or "Corp.")	ORATED." "C	COMPANY." "CORPORATION."	
(Il' name unavai	lable in Florida, enter alternate corpo	rate name adop	sted for the purpose of transacting business in Florida)	
California		95~	4427465	
	ry under the law of which it is incorpo	oraled)	(FEI number, if applicable)	
		5		
(Dat	e of incorporation)		(Date of duration, if other than perpetual)	
Upon filing S.				
	(SEE SECTIONS 607-150)	& 607 1502 P	rida, if prior to registration)	
⁷	(SEE SECTIONS 607.1501 Rd., Duarte, CA, 91010 Monrovia, CA, 91017	(Principal of	F.S., to determine penalty liability)	-
⁷	Rd., Duarte, CA, 91010 Monrovia, CA, 91017	(Principal of		-1
P.O. Box 1700.	Rd., Duarte, CA, 91010 Monrovia, CA, 91017 (Currect address of Florida registered ag	(Principal of	fice address) dress, if different)	-
P.O. Box 1700.	Rd., Duarte, CA, 91010 Monrovia, CA, 91017 (Curr	(Principal of	fice address) dress, if different)	
P.O. Box 1700.	Rd., Duarte, CA, 91010 Monrovia, CA, 91017 (Currect address of Florida registered ag	(Principal of	fice address) dress, if different)	
P.O. Box 1700. P.O. Box 1700. Name and street Name:	Rd., Duarte, CA, 91010 Monrovia, CA, 91017 (Curret address of Florida registered ag Registered Agent Solutions, Inc.	(Principal of	fice address) dress, if different)	

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.

Adam Saldana, Asst. Secretary

(Registered agent'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. DIRECTORS Tamara Brown Chairman: P.O. Box 1700 Address: _ Monrovia, CA 91017 Vice Chairman: ___ Address: ___ Director: __ Address: ____ Director: _ Address: B. OFFICERS Joha Brown President: P.O. Box 1700 Address: _ Monrovia, CA 91017 Jeff Llamas Vice President: P.O. Box 1700 Address: Monrovia, CA 91017 Tamara Brown Secretary: P.O. Box 1700, Monrovia, CA 91017 Address: _ Tamara Brown Treasurer: _ P.O. Box 1700, Monrovia, CA 91017 NOTE: If necessary, you may attach an addonorum to the application listing additional officers and/or directors.

Synature of Director or Officer
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein

are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Jeffrey Llamas V.P

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

BROWN-UNITED, INC.

FILE NUMBER:

C1859086

FORMATION DATE:

05/13/1993

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

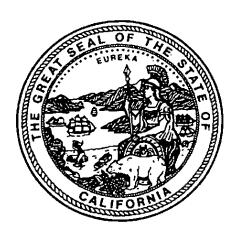
STATUS:

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 October 17, 2017.

ALEX PADILLA Secretary of State