

F17000005059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

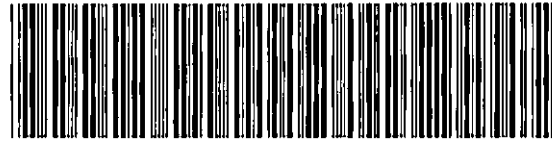
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000305492320

11/09/17--01005--010 **70.00

FILED
2017 NOV -9 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 NOV -9 AM 10:35
TALLAHASSEE, FLORIDA

K. SALY
NOV 13 2017

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

11/8/17



CERTIFIED COPY



PHOTOCOPY



CUS



FILING

Foreign

FOX RESERVATION SYSTEM, INC.

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**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.*

FOX RESERVATION SYSTEM, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 20-0661953
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/22/2004 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Approval
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5500 W. Century Blvd. Los Angeles, CA 90045
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

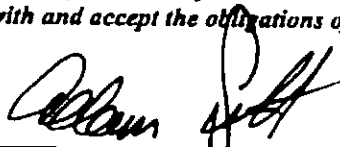
Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr. Suite A

Tallahassee, Florida 32301
(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.



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.

2017 NOV -9 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FILED

2017 NOV -9 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Rezapour, Ali

Address: 5500 W. Century Blvd. Los Angeles, CA 90045

Vice Chairman: _____

Address: _____

Director: Jaberi, Mansour

Address: 5500 W. Century Blvd. Los Angeles, CA 90045

Director: Mirtorabi, Masoud

Address: 5500 W. Century Blvd. Los Angeles, CA 90045

B. OFFICERS

President: Rezapour, Ali

Address: 5500 W. Century Blvd. Los Angeles, CA 90045

Vice President: _____

Address: _____

Secretary: Mirtorabi, Masoud

Address: 5500 W. Century Blvd. Los Angeles, CA 90045

Treasurer: Jaberi, Mansour

Address: 5500 W. Century Blvd. Los Angeles, CA 90045

NOTE: If necessary, you may attach an addendum to the application listing additional 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) 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. _____

(Typed or printed name and capacity of person signing application)

State of California
Secretary of State

CERTIFICATE OF STATUS

FILED
2017 NOV -9 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTITY NAME:

FOX RESERVATION SYSTEM, INC.

FILE NUMBER: C2573840
FORMATION DATE: 01/22/2004
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 November 07, 2017.

ALEX PADILLA
Secretary of State