# F18000000/93

(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:					

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K. SALY JAN 16 2018

#### **COVER LETTER**

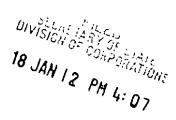
•	tration Section of Corp				
SUBJECT:	San Francisco Exchange Company, Inc.  Name of corporation - must include suffix				
SUBJECT.					
Dear Sir or M	adam:				
"Certificate of	f Existence		f Good Star	iding" and check are s	nsact Business in Florida," submitted to register the
Please return : Dietmar Hanke	-	ondence concerning	g this matter	to the following:	
			Name of	Person	
Raven, Inc.					
<del></del>			Firm/Con	pany	
2729 West Rec	iwood Lane				
Phoenix, AZ 8	35045		Addre	ess	
			City/State a	nd Zip code	
dietmarHHank	e@gmail.co				
		E-mail address: (	to be used	for future annual repo	ort notification)
For further in	formation	concerning this mat	ter, please (	call:	
Dietmar Hanke 602		602	300-8622		
Nam	e of Persoi		Area Cod	e Daytime Te	lephone 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 FF	ling Fee	□ \$78.75 Filing Certificate of		\$78.75 Filing Fee & Certified 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.

		_
ible in Florida, enter alternate corporate nam	- · · · · · · · · · · · · · · · · · · ·	
3	93-1137224 3	_
y under the law of which it is incorporated)	(FEI number, if applicable)	_
of incorporation)	(Date of duration, if other than perpetual)	_
(Date first transacted business		_
•	, , , , , , , , , , , , , , , , , , , ,	
(Princ	cipal office address)	_
<b>,</b>		
(Current mai	lling address, if different)	<del>ळ</del>
		JAN
et address of Florida registered agent: (P	O. Box <u>NOT</u> acceptable)	
C T Corporation System Name:		~ ~
1200 Ct- Di t-td Dd	<del></del>	18 JAN 12 PH 4
1200 South Pine Island Road	* *************	£
Plantation	33324 Florida	07
(City)	(Zip code)	
42		
	rvice of process for the above stated corporation at the	e place
application, I hereby accept the appoin	ntment as registered agent and agree to act in this cap	acity.
comply with the provisions of all statute	s relative to the proper and complete performance of t	my
familiar with and accept the obligations	у од ту ромной ам гедімегей адет.	
	y under the law of which it is incorporated)  (Date first transacted business (SEE SECTIONS 607.1501 & 607 Road, Alameda, CA 94502  (Princet address of Florida registered agent: (I C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:	(Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  Road, Alameda, CA 94502  (Principal office address)  (Current mailing address, if different)  et address of Florida registered agent: (P.O. Box NOT acceptable)  C T Corporation System  1200 South Pine Island Road  Plantation  , Florida  (City)  (Zip code)

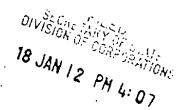
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.



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

A. DIRECTORS  Melvyn Grant	7 4:07
Chairman: 1900 North Loop Road, Alameda, CA 94502	
1.1.1	
/ice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address;	
3. OFFICERS	
Melvyn Grant resident:	
1900 North Loop Road, Alameda, CA 94502	
/ice President:	
Address:	
ecretary:	· · · · · · · · · · · · · · · · · · ·
address:	
reasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application	listing additional officers and/or directors.
Signature of Director or C	
We officer or director signing this document (and who is listed in nur are true and that he or she is aware that false information submitted in a third degree felony as provided for in s.817.155, F.S.	
13. Melvyn Grant	

### State of California Secretary of State



CERTIFICATE OF STATUS

#### ENTITY NAME:

SAN FRANCISCO EXCHANGE COMPANY, INC.

FILE NUMBER:

C2432801

FORMATION DATE:

02/14/2003

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 January 05, 2018.

ALEX PADILLA
Secretary of State