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Office Use Only



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03/12/18--01022--008 **70.00





COVER LETTER

	tration Section of Corpo					
	•	NCIAL CORP.				
SUBJECT: FAIR FINANCIAL CORP. Name of corporation - must include suffix						
Dear Sir or M	adam:					
"Certificate o	f Existence,"		od Stane	Authorization to Transac ding" and check are sub ss in Florida.		
Please return	all correspor	dence concerning this	smatter	to the following:		
Marc Bonanni,	Associate Ge	neral Counsel				
		N	ame of F	Person		
FAIR FINANC	CIAL CORP.					
		Fir	m/Comp	oany	·	
1540 2nd Stree	et, Suite 200				-i 69	
			Addre	SS	る語で	
Santa Monica,	CA 90401				A.H.	
		City	/State an	id Zip code	12	
paralegal@fair	.com	- 			<u> </u>	
		E-mail address: (to b	e used f	or future annual report r	notification)	
For further in	formation co	ncerning this matter,	please c	all:	烈。 3 計 が	
Marc Bonanni		at (<u>8</u>	00) 584-5000 x 5028		
Nam	e of Person	Aı	ea Code	Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		on rations enter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a	check for the	e following amount:				
5 \$70.00 Fil	ling Fee (\$78.75 Filing Fee of Certificate of State		\$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.

L. <u>FAIR FINANCI</u>					
	orporation; must include "INCORPOR orp." "Inc." "Co." or "Corp.")	RATED," "C	OMPANY," "CORPORATION	٧."	
me Co., C	orp. the, Co, or Corp.)				
	11 2 121 21		. 10		
(II name unavaila	able in Florida, enter alternate corpora	te name adop	ted for the purpose of transactir	ig business in Florida)	
2. Delaware		3. <u>81-</u>	1864223		
(State or country under the law of which it is incorporated)			(FEI number, if applicable)		
4. 12/14/2015		5			
(Date of incorporation)			(Date of duration, if other than perpetual)		
6	(Date first transacted by	usiness in Flo	rida, if prior to registration)		
			F.S., to determine penalty liabil	ity)	
7 1540 2nd Strant	Suite 200, Santa Monica, CA 90401				
7. 1540 2110 Street,	Suite 200, Santa Montea, CA 90401	(Principal o	ffice address)		
		•		2018	
	(Curre	ent mailing ac	ldress, if different)		77
	(34.1.		,	HAIT	-
9 Nama and stea	et address of Florida registered age	(D () D	ov. NOT appointable)	HAR 12 A II: 39 AHASSEE, FLORIDA	三面
o. Name and <u>stree</u>	et address of Piorida registered age	т. (г.о. в	ox <u>NOT</u> acceptable)	M.C.	111
Name:	C T Corporation System		-	A II: 39	O
A. 1.1	1200 South Pine Island Road			25	
Office Address:			_		
	Plantation		, Florida 33324		
	(City)		(Zip code)		
0 D :					
9. Registered age	ent's acceptance: ned as registered agent and to acce	ent vervice i	of process for the above state	ed carnaration at the i	nlace
	application, I hereby accept the a				
further agree to c	omply with the provisions of all si	tatutes rela	ive to the proper and compl	ete performance of m	
duties, and I am j	familiar with and accept the oblig	ations of m	y position as registered agen	rt.	
(Ann war	_			
,	you will	Amun	Kamran, Assistant Secretary		
_	· · · · · · · · · · · · · · · · · · ·				
	(Re	gistered agen	t'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: Please see attached Adde	ndum with complete list.
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	· · · · · · · · · · · · · · · · · · ·
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS Please see attached.	2018 TALL
President:	
Address:	ASSEE.
Vice President:	
Address:	(E) (B)
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additiona 12.	l officers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) a are true and that he or she is aware that false information submitted in a document to the a third degree felony as provided for in s.817.155, F.S.	
13. L. Boone Park, Secretary	

Fair Financial Corp.

FEIN: 81-1864223 A Delaware Corporation • Entity ID: 5905924 12/14/2015

Officers & Directors

Current as of March 7, 2018

Officers

Scott Painter, CEO & Director 1540 2nd Street, Suite 200

Santa Monica, CA 90401

Georg Bauer, President & Director

1540 2nd Street, Suite 200 Santa Monica, CA 90401

L. Boone Park, Secretary

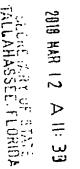
1540 2nd Street, Suite 200 Santa Monica, CA 90401

Directors

Thomas Katis, Director 1540 2nd Street, Suite 200 Santa Monica, CA 90401

Scott Bommer, Director 1540 2nd Street, Suite 200 Santa Monica, CA 90401

Jed Katz, Director 1540 2nd Street, Suite 200 Santa Monica, CA 90401



Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FAIR FINANCIAL CORP." 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 EIGHTEENTH DAY OF JANUARY, A.D.

2018.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FAIR FINANCIAL CORP." WAS INCORPORATED ON THE FOURTEENTH DAY OF DECEMBER A. E. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE

BEEN PAID TO DATE.

Authentication: 201988482

Date: 01-18-18