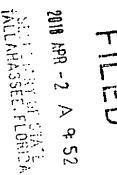
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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:			

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	1200000001	.95		
	REFERENCE	:	141562	7555766	5	
	AUTHORIZATION	:	Jack &			
	COST LIMIT	:	\$ (70.00	mala	ノ	
ORDER DATE : ORDER TIME :	March 30, 2018 9:31 AM					
ORDER NO. :	141562-005					
CUSTOMER NO:	7555766				2910 SEL	وسوسا
	FOREIGN F		<u></u> . <u>ngs</u>	· • • • • • • • • • • • • • • • • • • •	APR -2 A &	FED
NAME:	TOTAL STRUCTU	RES	INC.		F 52 PARE DRIPA	
XXXX QUALIFIC	CATION (TYPE: C	<u>'O</u>)				
PLEASE RETURN	THE FOLLOWING AS	PF	OOF OF FILI	ING:		
XX PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD ST	'ANI	DING			

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

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. (Enter name of corporation; must include "INCORPORATED." "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) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee , Florida (City) 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. Roxanne Turne: Asst. Vice Presider Corporation Service Company

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.

(Registered agent's signature)

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

A. DIRECTORS			
Chairman: Martijn Kuijper			
Address: 1696 Walter Street, Ventura,	Ca,	93003	<u>, </u>
Vice Chairman:			
Address:		 	
Director:		-	
Address:			
		¥. 2	<u></u>
Director;		ALL AHASSEE	
Address:		 	res
		- 1	
B. OFFICERS			
President: William Scott Johnson		- 등등 5	
Address: 1696 Watter Street, Ventura		<u> \\ \\ \</u>	
Vice President: William H. Berrier III			
Address: 1696Walter Street, Ventura,	Ca,	93003	
Secretary: William H. Berrier III			
Address: 1696 Walter Street, Ventura,	Cu	, 9300	<u> </u>
Treasurer:			
Address:			
NOTE: If necessary, you may attach an adderdum to the application listing additi	onel officers		
12 Table by the state of the application listing additional actions are application from the application f	onai omcers	and/or directors.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above are true and that he or she is aware that false information submitted in a document a third degree felony as provided for in s.817.155, F.S.	e) affirms thato the Depart	nt the facts stated liment of State con	nerein stitutes
13. SOTT WHILSON / CEO			
(Typed or printed have and capacity of person signing apr	dication)		

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

TOTAL STRUCTURES, INC.

FILE NUMBER:

C1928869

FORMATION DATE:

02/23/1995

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 March 28, 2018.

ALEX PADILLA Secretary of State