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SECRETARY OF STAIL

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COVER LETTER

TO:	Registration Secti Division of Corpo						
	•	echnologies. Inc.					
SUB.	JECT:						
		Name of c	orporation	- must include suffix			
Dear !	Sir or Madam:						
"Certi		or "Certificate of	Good Stan	ding" and check are:	nsact Business in Florida," submitted to register the		
Please Daron	e return all correspoi Pitts	ndence concerning	this matter	to the following:			
Estifra	nme Technologies, Inc		Name of I	Person			
10471	Grant Line Road, Sui	te 100	Firm/Com	pany			
Elk G	rove, CA 95624		Addre	SS			
dpitts(@estiframe.com	C	ity/State ar	nd Zip code			
		E-mail address: (t	o be used f	or future annual repo	rt notification)		
For fu	rther information co	ncerning this matte	er, please c	all:			
Daron Pitts			916				
	Name of Person		Area Code	Daytime Te	lephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				Registration Division of P.O. Box 6	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	sed is a check for the	e following amoun	t:				
■ \$7	0.00 Filing Fee 6	■ \$78.75 Filing Fe Certificate of S		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status &		

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. Estiframe Technologies, 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. (State or country under the law of which it is incorporated) (FEI number, if applicable) tion) 5. (Date of duration, if other than perpetual) (Date of incorporation) 6/11/2018 (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 10471 Grant Line Road, Suite 100; Elk Grove, CA 95624 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REGISTERED AGENTS INC. Name: 3030 N. Rocky Point Drive, STE 150A Office Address: TAMPA

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.

(City)

Bill Havre/Secretary/Registered Agents Inc. (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 Aaron Love Chairman: 9887 Estancia Court Address: Elk Grove, CA 95624 **Daron Pitts** Vice Chairman: 8870 Chambray Road Address: Elk Grove, CA 95624 Roy Lecroy Director: 9353 Oreo Ranch Drive Address: Elk Grove, CA 95624 Address: **B. OFFICERS** Aaron Love President: 9887 Estancia Court Address: Elk Grove, CA 95624 Daron Pitts Vice President: 8870 Chambray Road Address: Elk Grove, CA 95624 Roy Lecroy Secretary: 9353 Oreo Ranch Drive; Elk Grove, CA 95624 Address: Daron Pitts Treasurer: 8870 Chambray Road; Elk Grove, CA 95624 Address: **NOTE:** If necessary you may attach an addendum to the application listing additional officers and/or directors. 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.

Daron P	1	i	t	S	
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State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ESTIFRAME TECHNOLOGIES, INC.

FILE NUMBER:

C4043566

FORMATION DATE:

07/07/2017

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 June 20, 2018.

> ALEX PADILLA Secretary of State