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F18000004740  
Division of Corporations  
Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : Vcorp SERVICES, LLC  
Account Number : I20080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**IRA Management, Inc.**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

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# 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.

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

IRA Management I Inc

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

California

2. 4/29/2011 3.   
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4.  5.   
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 1900 Main Street, Suite 375 Irvine, CA 92614  
(Principal office address)

1900 Main Street, Suite 375 Irvine, CA 92614  
(Current mailing address, if different)

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

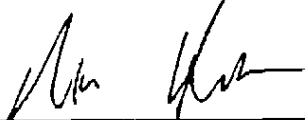
Name: Vcorp Services, LLC

Office Address: 5011 South State Road 7, Suite 106

Davie, Florida 33314  
(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.*



(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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_Director: Amer Malas 1900 Main Street, Suite 375 Irvine, CA 92614  
\_\_\_\_\_Address: \_\_\_\_\_  
\_\_\_\_\_**B. OFFICERS**President: Amer Malas 1900 Main Street, Suite 375 Irvine, CA 92614  
\_\_\_\_\_Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_**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. Amer Malas, President  
\_\_\_\_\_

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

**State of California**  
**Secretary of State**  
CERTIFICATE OF STATUS

18 OCT 17 AM 5:55  
PADILLA - S. Padilla

ENTITY NAME:

IRA MANAGEMENT, INC.

FILE NUMBER: C3373929  
FORMATION DATE: 04/29/2011  
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 October 15, 2018.

ALEX PADILLA  
Secretary of State