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11/6/2018



Division of Corporations Electronic Filing Cover Sheet

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| To: | | | |
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| 10. | Division of Corporations | | |
| | Fax Number : (850)617-6383 | | |
| From: | | | |
| | Account Name : C T CORPORATION SY | /STEM | |
| | Account Number : FCA000000023 | | , |
| | Phone : (514)280-3338 Fax Number : (954)208-0845 | | |
| a | the email address for this business on the email address for this business on the contract of | email address please | |
| a | nnual report mailings. Enter only one | email address please | |
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| a | FOREIGN PROFIT/NONPROFI PRCO., INC. Certificate of Status | email address please T CORPORATION | |
| a | report mailings. Enter only one mail Address: FOREIGN PROFIT/NONPROFI PRCO., INC. | email address please T CORPORATION | |

Electronic Filing Menu

Corporate Filing Menu

Help

11/11/18/25

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. PRCO., INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")

| · | | adopted for the purpose of transacting busines | | |
|------------------|--|--|-----------------------------|--|
| CALIFORNIA | 3 | 94-3045915 | | |
| (State or countr | y under the law of which it is incorporated) | (FEI number, if upplicable) | (FEI number, if upplicable) | |
| 09/14/1987 | . 5 | · | L-3 | |
| (Date | of incorporation) | (Date of duration, if other than per | retual) | |
| | | | ^) - | |
| | (Date first transacted business | in Florida, if prior to registration) | 1 | |
| | (SEE SECTIONS 607.1501 & 607. | 1502, F.S., to determine penalty liability) | 3 | |
| 3690 Mt Diablo I | Blvd, Lafayette, CA 94549 | | 1 | |
| | | ipal office address) | Ġ. | |
| | | | ό | |
| | (Current mail | ing address, if different) | | |
| | | | | |
| Name and stree | et address of Florida registered agent: (P | .O. Box NOT acceptable) | | |
| | C T Corporation System | | | |
| Name: | | | | |
| fice Address: | 1200 South Pine Island Road | | | |
| 1441 633. | Plantation | 33324 | | |
| | | , Florida | | |
| | (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.

> C T Corporation System Brian Mueller By: Buic Maell Assist (Registered agent's signature) Assistant Secretary

(City)

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:

| | 2820 Lavender Dr | | |
|------------------|--|--|------------------------|
| ress | Valnut Creek, CA 94596 | <u>, , , , , , , , , , , , , , , , , , , </u> | |
| - Chair : | men: | | |
| ress: _ | | | |
| etor: | Bette J Piecente | | |
| | 2620 Lavender Dr | | |
| - | Wałnut Creek, CA 94596 | | |
| ctor: _ | | F.3 | |
| ess: _ | | . 1 | |
| | | 1 | ; sunse. |
| FFI | CERS | G G | |
| dent: | Frank A Piacente | <u> </u> | قريب |
| ess: _ | 2820 Lavender Dr | | |
| _ | Walnut Creek, CA 94596 | | |
| Presid | Bette J Piacente | | · |
| ess: _ | 2820 Lavender Dr | | |
| | Walnut Creek, CA 94596 | ······································ | |
| tary: | Bette J Piacente | | |
| css: | 2820 Lavender Dr. Walnut Creek, CA 94596 | | |
| Surer: | Frank A Piacente | | |
| ess: _ | 2820 Lavender Dr Walnut Creek, CA 94596 | | |
| | finecessary, you may attach an addendum to the application listing additional offi | cers and/or director | s. |
| 1 | Signature of Director or Officer | | |
| offici rue a: | Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirm that he or she is aware that false information submitted in a document to the Dogree felony as provided for in s.817.155, F.S. | is that the facts state copartment of State co | d herein onstitutes |
| _ | J Piacente - Vice President | | |

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PRCO., INC.

FILE NUMBER: FORMATION DATE:

C1597755

MUDEL.

09/14/1987

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 November 05, 2018.

ALEX PADILLA Secretary of State