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1212013573 From: Kimberly Laughrey

Division of Corporations

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**FPI Management, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	04
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9/11  
11-19-18

# 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. FPI Management, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. California 3. 68-0217638  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/23/1990 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. 800 Iron Point Road, Folsom, CA 95630  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)

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

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(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

By: Stephanie Boehm Stephanie Boehm Assistant Secretary  
(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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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

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

**A. DIRECTORS**Chairman: Ken HuntAddress: 800 Iron Point Road, Folsom, CA 95630

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

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

Director: Dennis TreadawayAddress: 800 Iron Point Road, Folsom, CA 95630Director: Gary QuattrinAddress: 800 Iron Point Road, Folsom, CA 95630**B. OFFICERS**President: Dennis TreadawayAddress: 800 Iron Point Road, Folsom, CA 95630Vice President: Christina TreadawayAddress: 800 Iron Point Road, Folsom, CA 95630Secretary: Dennis TreadawayAddress: 800 Iron Point Road, Folsom, CA 95630Treasurer: Mike WatembachAddress: 800 Iron Point Road, Folsom, CA 95630**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. Dennis Treadaway, President

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

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**18 NOV 16 PM 1:24**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**State of California  
Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

FPI MANAGEMENT, INC.

**FILE NUMBER:** C1663106  
**FORMATION DATE:** 04/23/1990  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

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SECRETARY OF STATE  
HALLMARKS, FLORIDA

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 15, 2018.

ALEX PADILLA  
Secretary of State

DLS