

F19000001534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

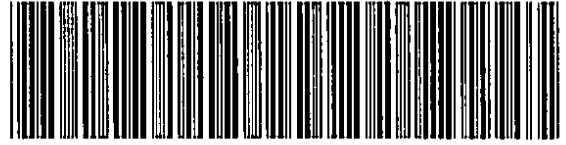
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2019 MAR 20 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FL 32399

APPROVED
AND
FILED

T.C.
2/29/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABSOLUTE RESOLUTIONS CORPORATION

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

PRASHANTI NARAYANAN

Name of Person	
ABSOLUTE RESOLUTIONS CORPORATION	
Firm/Company	
591 CAMINO DE LA REINA, STE 1219	
Address	
SAN DIEGO, CA 92108	
City/State and Zip code	
licensing@absoluteresolutions.com	
E-mail address: (to be used for future annual report notification)	

APPROVED
AND
FILED

2019 MAR 20 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

PRASHANTI NARAYANAN	800	713-0670
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

ABSOLUTE RESOLUTIONS CORPORATION

1. ABSOLUTE RESOLUTIONS CORPORATION
(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. CALIFORNIA 3. 47-0877657
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/21/2002 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. 591 CAMINO DE LA REINA STE 1219, SAN DIEGO, CA 92108
(Principal office address)

(Current mailing address, if different)

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

Name: URS AGENTS, LLC

Office Address: 3458 LAKESHORE DRIVE

TALLAHASSEE, Florida 32312
(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.

K. B. S. Kanetha Bishop, Asst. 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, FLORIDA

APPROVED
AND
FILED

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MARK NAIMAN

Address: 591 CAMINO DE LA REINA, STE 1219

SAN DIEGO, CA 92108

Vice President: _____

Address: _____

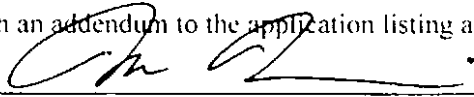
Secretary: MARK NAIMAN

Address: 591 CAMINO DE LA REINA, STE 1219, SAN DIEGO, CA 92108

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. MARK NAIMAN - PRESIDENT

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

APPROVED
AND
FILED
2019 MAR 20 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ABSOLUTE RESOLUTIONS CORPORATION

FILE NUMBER: C2290019
FORMATION DATE: 06/21/2002
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

APPROVED
AND
FILED
2019 MAR 20 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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 06, 2019.

A handwritten signature in black ink, appearing to read 'Alex Padilla', is written over a horizontal line.

ALEX PADILLA
Secretary of State

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. ABSOLUTE RESOLUTIONS CORPORATION

(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)

CALIFORNIA

47-0877657

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

06/21/2002

(Date of incorporation)

(Date of duration, if other than perpetual)

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

591 CAMINO DE LA REINA STE 1219, SAN DIEGO, CA 92108

(Principal office address)

(Current mailing address, if different)

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

Name: URS AGENTS, LLC

Office Address: 3458 LAKESHORE DRIVE

TALLAHASSEE

(City)

, Florida 32312

(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.

K. B.

Kanetha Bishop, Asst. 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.

APPROVED
AND
FILED

2019 MAR 20 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MARK NAIMAN

Address: 591 CAMINO DE LA REINA, STE 1219

SAN DIEGO, CA 92108

Vice President: _____

Address: _____

Secretary: MARK NAIMAN

Address: 591 CAMINO DE LA REINA, STE 1219, SAN DIEGO, CA 92108

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. MARK NAIMAN - PRESIDENT

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

APPROVED
AND
FILED
2019 MAR 20 PM 4:08
SECRETARY OF STATE
TAMARA ADAMS, CLERK

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ABSOLUTE RESOLUTIONS CORPORATION

FILE NUMBER: C2290019
FORMATION DATE: 06/21/2002
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

APPROVED
AND
FILED
2019 MAR 20 PM 4:28
SECRETARY OF STATE
TALAMASSEL, FLORENCE

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 06, 2019.

ALEX PADILLA
Secretary of State