5/1/2019

Forida Department of State Division of apporations Sectroic Fililia Cove Sheet

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То:	Division of Corporations Fax Number : (850)617-63	883	PM 4: 10 OF STATE E, FLORIDA
From:	Account Name : REGISTERED Account Number : 12009000008 Phone : (307)200-28 Fax Number : (855)330-16	31 303	₽ ¯
Email #	Address:		
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 60 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	' "COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	siness in	Florida
Delaware	3.			
(State or country	y under the law of which it is incorporated)	(FEI number, if applica	able) >> ∽	2019
1/25/2019	5.		Γ	
(Date of incorporation)		(Date of duration, if other than	perpetus ASS	al)>> -<
7770 Pegents R		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	Y OF ST	PM 4: 10
770 Negenis N		pal office address)	STATE LONIDA	0
7901 4th St N S	STE 300 St. Petersburg FL 33702		حند	
	(Current maili	ng address, if different)		
Name and stree	et address of Florida registered agent: (P.G. Registered Agents Inc.	O. Box NOT acceptable)		
ffice Address:	7901 4th St N STE 300			
	St. Petersburg	, Florida <u>33702</u>		
		(Zip code)		

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 Agents Inc.

Bill Havre - Assistant Secretary

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 Chairman: Robert Pollack Address: 7770 Regents Road Suite 113-196 San Diego California 92122 Vice Chairman: Address: _ Director: Robert Pollack Address: 7770 Regents Road Suite 113-196 San Diego California 92122 Director: _ **B. OFFICERS** President: Robert Pollack Address: 7770 Regents Road Suite 113-196 San Diego California 92122 Vice President: Address: _ Secretary: Carol Lee Address: 7770 Regents Road Suite 113-196 San Diego CA 92122 Treasurer: Carol Lee Address: 7770 Regents Road Suite 113-196 San Diego California 92122 NOTE: If negessary, you may attack 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. (Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "STAGE 4 ENTERPRISES INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STAGE 4

ENTERPRISES INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF

JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

PILED

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SECRETARY OF STATE
TALLAHASSEE FISHER



Seffrey W Bulliack, Secretary of State

Authentication: 202743346

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