F1900002343

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
(44), 6444.							
PICK-UP WAIT MAIL							
(D)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
Special districtions to Filling Officer.							
W190000 39468							
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Office Use Only



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FILED

Z BROVV: MAY 1 6 2019



April 23, 2019

AMANDA MAWER 4195 E THOUSAND OAKS BLVD, STE 250 WESTLAKE VILLAGE, CA 91362 US

SUBJECT: SANI-TECH WEST, INC.

Ref. Number: W19000039468

We have received your document for SANI-TECH WEST, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Zakiya M Brown Regulatory Specialist II

Letter Number: 519A00008120

RECEIVED

MAY 1 3 2019

www.sunbiz.org

COVER LETTER

TO:	Registration Se Division of Co					
SUBJ	Sani-Teo	ch West, Inc.				
		Name	of corporatio	n - must include suffix		
Dear S	ir or Madam:					
"Certif	ficate of Existen	ition by Foreign C ce," or "Certificati gn corporation to t	e of Good Sta	nding" and check are su	act Business in Florida," bmitted to register the	
Please	return all corres	pondence concern	ing this matte	r to the following:		
	la Mawer			Ţ.		
			Name of	Person		
Robert	A. Sternberg, AP	LC				
			Firm/Con	ıpany		
4195 E	. Thousand Oaks	Blvd., Suite 250				
			Addr	ess		
Westlai	ke Village, CA 91	362				
			City/State a	nd Zip code		
amawe:	@rasaplc.com					
		E-mail address	to be used	for future annual report	notification)	
For fur	ther information	concerning this m	atter, please	call:	Ì	
Amanda	a Mawer		818 at (598-0700)		
	Name of Perso	n	Area Cod	e Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
■ \$ 70.	00 Filing Fee	☐ \$78.75 Filing Certificate o		\$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**

(FEI number, if applicable) Perpetual (Date of duration, if other than perpetual) Florida, if prior to registration) 02, F.S., to determine penalty liability) al office address) g address, if different)
(FEI number, if applicable) Perpetual (Date of duration, if other than perpetual) Florida, if prior to registration) 02, F.S., to determine penalty liability) al office address) g address, if different)
(Date of duration, if other than perpetual) Florida, if prior to registration) 02, F.S., to determine penalty liability) It office address) g address, if different)
Florida, if prior to registration) 02, F.S., to determine penalty liability) al office address) g address, if different) Box NOT acceptable)
al office address) address, if different) Box NOT acceptable)
gaddress, if different) Box NOT acceptable)
Box NOT acceptable
VE UNIT 509 Florida 34236 (Zip code)
e of process for the above stated corporation at the pla ent as registered agent and agree to act in this capacity lative to the proper and complete performance of my my position as registered agent.

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:

	ECTORS Richard Shor			
Chairman Address:	1020 Flynn Road	<u> </u>		
	Camarillo, CA 93012			
Vice Chai	Sherry Maxson			
Address:	1020 Flynn Road			
	Camarillo, CA 93012			_
Director:	Theodosia Shor			
\ddress:	1020 Flynn Road			_
	Camarillo, CA 93012			
irector:	Robert Maxson			_
ddress:	1020 Flynn Road			
•	Camarillo, CA 93012			—
. OFFI	ICERS	」	3	
resident:	Richard Shor		DIS HAY	7
ddress:	1020 Flynn Road	** ==	3	7
_	Camarillo, CA 93012		PH	—ا ح
ce Presid	Sherry Maxson	97	. ए.	`
	1020 Flynn Road	2.2	<u> </u>	_
_	Camarillo, CA 93012			
cretary:	Sherry Maxson		<u> </u>	_
•	1020 Flynn Road			_
easurer:	Brian Goldman		 ·	—
	1020 Flynn Road			_
-	f necessary, you may attach an addendum to the application listing additional officers and/or d	irectors.		_
ne office e true an third deg	Signature of Director or Officer or or director signing this document (and who is listed in number 11 above) affirms that the fact of that he or she is aware that false information submitted in a document to the Department of Spree felony as provided for in s.817.155, F.S. Goldman, CFO	s stated State cor	herein nstitutes	
	(Typed or printed name and capacity of person signing application)			_

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SANI-TECH WEST, INC.

FILE NUMBER:

C1706151

FORMATION DATE:

04/29/1992

TYPE: JURISDICTION: DOMESTIC CORPORATION 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 April 05, 2019.

ALEX PADILLA
Secretary of State