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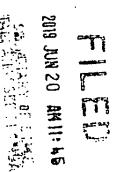
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COVER LETTER

TO:	Registration Sect Division of Corp								
	•	NSITE, INC.							
SUR	JECT:								
,,,,,			orporation	- must inclu	ide suffix				
Dear	Sir or Madam:								
"Cert	nclosed "Application ificate of Existence, referenced foreign	" or "Certificate of	Good Stan	ding" and c	heck are subi	t Business in mitted to regis	Florida, ster the	••	
	e return all correspo BERLY A. ROHN, ES		this matter	to the follo	wing;				
			Name of	Person					
KIMI	BERLY A. ROHN, A	TTORNEY AT LAW							
PO B	OX 30162		Firm/Com	pany					
			Addre	ss					
SAN	BERNARDINO, CA	92413							
KIM	@ATTORNEYKIMR		City/State a	nd Zip code					
		E-mail address: (to be used t	for future an	nual report n	otification)		-	
For f	urther information c	oncerning this matt	er, please o	call:		•	5 전 번 번	2019	on
KIMBERLY A ROHN		909	862-7511			JUN 20	12 m		
Name of Person			'		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				R D P.			To the second se	AH 11: 45	g See
Encle	osed is a check for t	he following amour	nt:						
= \$	70.00 Filing Fee	S78.75 Filing F Certificate of S		3 \$78.75 Fi Certified		S87.50 F Certific Certifie	ate of S		Ù.

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. ACTION ONSITE, INC. (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) 56-2379010 (State or country under the law of which it is incorporated) (FEI number, if applicable) JULY 8, 2003 PERPETUAL (Date of incorporation) (Date of duration, if other than perpetual) JULY 1, 2019 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 212 WEDGEWOOD CIRCLE, CALIMESA, CA. 92320 (Principal office address) PO BOX 393, CALIMESA, CA 92320 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) UNIVERSAL REGISTERED AGENTS, INC. Name: 1317 CALIFORNIA STREET Office Address: TALLAHASSEE, Florida (City) 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.

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: Address: Vice Chairman: _____ Address: SONIA LOPEZ Director: PO BOX 393 Address: CALIMESA, CA 92320 Director: _ Address: __ **B. OFFICERS** SONIA LOPEZ President: PO BOX 393 Address: CALIMESA, CA 92320 Vice President: Address: DAVID LOPEZ Secretary: PO BOX 393, CALIMESA, CA 92320 Address: _ SONIA LOPEZ Treasurer: PO BOX 393, CALIMESA, CA 92320 Address: _ NOTE: If necessary, you may attach 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

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

a third degree felony as provided for in s.817.155, F.S.

SONIA LOPEZ, PRESIDENT

13. _____

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ACTION ONSITE, INC.

FILE NUMBER:

C2519560

FORMATION DATE:

07/08/2003

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 May 24, 2019.

ALEX PADILLA
Secretary of State



TRANSMITTAL MEMORANDUM

TO:

Florida Secretary of State

FROM:

Kimberly A. Rohn

DATE:

June 17, 2019

RE:

Action Onsite, Inc.

MESSAGE

_XXX

Enclosed for processing/filing. Cover Letter; Application by Foreign Corporation for Authorization to Transact Business in Florida; check for \$70.00

Action required.