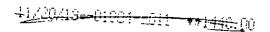
# F9000525

	Requestor's Name)			
(	Address)			
	Address)			
(	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(	Business Entity Name)			
(Document Number)				
Cenified Copies	Certificates of Status			
Special Instructions	to Filing Officer:			

Office Use Only



200337073892



11/26/19--01064--012 \*\*1446.00

T GLAS: NOV 2 1 2019

### • Sunshine State Corporate Compliance Company

# 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/19/2019	_	**WALK	[N**
ENTITY NAME SUND	OC FILINGS		
DOCUMENT NUMBER			
	**PLEASE FILE THE ATTACHED AND RETURN**		
XXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
*	*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	781511 72	
	Certified Copy of Arts & Amendments	ت ن	
	Certificate of Good Standing	· · · · · · · · · · · · · · · · · · ·	
	Cert. Copy of Restated Arts & Amends if available. If not provide Cert. Copy of Arts & Ar	nends.	
	**APOSTILLE' / NOTARIAL CERTIFICATION**		
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA	ATES REQUESTED_	<del></del> 	
TOTAL OWED \$70.00	снеск # <u>6869</u>		
Please call Tina at i	the above number for any issues or concerns. Thank you so	much!	

#### COVER LETTER

TO:	Registration Section						
	Division of Corpor						
CHIDI	SunDoc Filin	gs					
SUBJ	JECT:	Name of a	ornoration	- must	include suffix		
		Name of V	orporation.	- must	merade sarrix		
Dear S	Sir or Madam;						
"Certi		or "Certificate of	Good Stan	iding" a	ınd check are su	act Business in Florid bmitted to register th	
	return all correspond y W. Huser	dence concerning	this matter	to the	following:		
			Name of l	Person			
SunDo	c Filings						
	<del></del>		Firm/Com	pany			
7801 F	olsom Blvd Ste. 202			. ,			
		<del></del> -	Addre				
Sacran	nento, CA 95826		Addie	·30			
chucari	@sundocfilings.com	C	ity/State ar	nd Zip	ode		
Silusci		_				±	
		E-mail address: (t	o be used f	or futu	re annual report	notification)	
For fu	rther information con	cerning this matte	er, please c	all:			26.3
Stanley	/ Huser		916	388-	9800		• •
	Name of Person	at (	Area Code	_)	Daytime Teler	ohone Number	20
							1
	STREET/COURING Registration Section Division of Corporation	n			MAILING A Registration S	Section	: H: 35
Division of Corporations Clifton Building			Division of Corporations P.O. Box 6327				
2661 Executive Center Circle Tallahassee, FL 32301					Tallahassee, I		
Enclos	ed is a check for the	following amount	:				
□ \$70	0.00 Filing Fee 🛛	\$78.75 Filing Fo			5 Filing Fee & ied Copy	S87.50 Filing F Certificate of Certified Copy	Status &

## 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. SunDoc Filings Incorporated 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," ar "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of incorporation) Will transact business upon filing (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7801 Folsom Blvd, Ste 202 Sacramento, CA 95826 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) SUNSHINE STATE CORPORATE Name: COMPLIANCE COMPANY 3458 Lakeshore Dr Office Address: Tallahassee (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. (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.

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

A. DIR	RECTORS Simpley Horses	
Chairma		
Address:	7801 Folsom Blvd, Stc 202	
	Sacramento, CA 95826	
Vice Cha	Karen Huser airman:	
Address:	7801 Folsom Blvs, Ste 202	
71441460	Sacramento, CA 95826	
Director;	Stanley Huser	
	7801 Folsom Blvd, Ste 202	
Address:	Sacramento, CA 95828	
	Karen Huser	
Director:	7801 Folsom Blvd, Ste 202	
Address:		
B. OFF	FICERS Stanley Huser	
President		
Address:		
	Sacramento, CA 95826	
Vice Pres	William Huser	<u></u> ,
	7801 Folsom Blvd, Ste 202	
Address:	Sacramento, CA 95826	20
S	Stanley Huser	; ;
Secretary	7801 Folsom Blvd, Ste 202 Sacramento CA 95826	
Address:	Karen Huser	(.)
Treasurer	r:	
Address:		
	If necessary, you may attach an addendum to the application listing additional officers and/or directors	s.
12	Star Im Signature of Director or Officer	
	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the facts state	d harain
are true : a third d	and that he or she is aware that false information submitted in a document to the Department of State collegree felony as provided for in s.817.155, F.S. only Huser, President	
13	(Typed or printed name and capacity of person signing application)	
	(1) beg or bruited name and cabacity or berson signing abbueation)	

#### State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SUNDOC FILINGS

FORMATION DATE:

08/25/1999

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 November 15, 2019.

> ALEX PADILLA Secretary of State