# F7000005675

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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T GLASS DEC 26 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE

111203

4726940

AUTHORIZATION

COST LIMIT

\$ 70.00

ORDER DATE: December 20, 2019

ORDER TIME: 9:03 AM

ORDER NO. : 111203-005

CUSTOMER NO:

4726940

FOREIGN FILINGS

NAME: ABILITY CENTER, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

\_\_\_ PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

### COVER LETTER

_	stration Section sion of Corporations	
SUBJECT:	Abilias Carter Inc	
SUBJECT:	Name of corporation - must include suffix	
Dear Sir or M	Madam:	
"Certificate of	d "Application by Foreign Corporation for Authorization to Transact Business in Flori of Existence," or "Certificate of Good Standing" and check are submitted to register the foreign corporation to transact business in Florida.	
Please return	all correspondence concerning this matter to the following:	
	Name of Person	
	Firm/Company	
	Address	
rreynolds@taf	City/State and Zip code	2/19000/20
·	E-mail address: (to be used for future annual report notification)	<u></u>
For further in	aformation concerning this matter, please call:	§ (A): 9: 04
Nam	at () ne of Person Area Code Daytime Telephone Number	40
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle hassee, 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 Fil	ling Fee	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.

Ability Center,				· - · ·
	corporation; must include "INCORPORATI Corp." "Inc," "Co," or "Corp.")	€D," ·	"COMPANY," "CORPORATION."	
(If name unavail	able in Florida, enter alternate corporate na	me ad	opted for the purpose of transacting busi	ness in Florida)
California		3. 3	33-0654320	
(State or countr	y under the law of which it is incorporated	. –	(FEI number, if applicab	le)
03/20/1995		5.		
(Date	of incorporation)		(Date of duration, if other than p	erpetual)
4797 Ruffner Str			Torida, if prior to registration)  2, F.S., to determine penalty liability)	
	(Pri	ncipal	office address)	
	(Current ma	 iiling	address, if different)	
Name and stree	et address of Florida registered agent: (	P.O.	Box NOT acceptable)	
Name:	Corporation Service Company		- <del>-</del>	من معرف
ffice Address:	1201 Hays Street			; · · 9: 04
	Tallahassee		, Florida 32301	<b>ء</b> .
	(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.

Kadesha Roberson
Asst\_Vice President

(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	ECTORS		
Chairman	Darrell T. Heath		
Address:	4797 Ruffner Street, San Diego, CA 92111		
Vice Cha	irman: N/A		
Address:			<del> </del>
Director:	Chad Blake		
Address:	4797 Ruffner Street, San Diego, CA 92111		
	Tom Eastman		
Address:	4797 Ruffner Street, San Diego, CA 92111		
B. OFF	ICERS		
President:	Chad Blake		
Address:	4797 Ruffner Street, San Diego, CA 92111	201	
		פר	- :
Vice Presi	ident: N/A	?3 3	
			٠ - ر
		5:	
Secretary:	Chad Blake	<u></u>	
Address:	4797 Ruffner Street, San Diego, CA 92111		
Treasurer:	Bob Waller		
Address:	4797 Ruffner Street, San Diego, CA 92111		
NOTE:	If pecessary, you may attach an addendum to the application listing additional officers and/or direc	tors.	
The -60	Signature of Director or Officer		
are true a	er or director signing this document (and who is listed in number 11 above) affirms that the facts st nd that he or she is aware that false information submitted in a document to the Department of State	ated he e const	rein itutes

13. Chad Blake, President

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

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ABILITY CENTER

FILE NUMBER: FORMATION DATE:

C1930590 03/20/1995

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.  $\square$ 



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 06, 2019.

ALEX PADILLA
Secretary of State