# F200000193

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
	Office Use Only	



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#### **COVER LETTER**

	stration Section ion of Corporations			
SUBJECT:	Petrucela and Company,	Inc		
	Name	of corporation - r	must include suffix	
Dear Sir or M	ladam:			
"Certificate o		e of Good Standin	thorization to Transact Business in Fig." and check are submitted to regist in Florida.	
Please return	all correspondence concer	ning this matter to	the following:	
Nick Petrucel	a			
		Name of Pe	rson	<u> </u>
Petrucela and	d Company			
		Firm/Compa	ny	
710 C Street,	Suite 204			2
		Address	<u> </u>	2019 F 24
San Rafael, C	CA 94901			
		City/State and	Zip code	<u> </u>
nick@petruce	elaandco.com			
	E-mail addre	ss: (to be used for	future annual report notification)	——— ట్ల
For further in	formation concerning this	matter, please call	:	3: 22
Nick Petrucel	а	415 at ()	306-7635	
Nam	e of Person	Area Code	Daytime Telephone Number	·
Regis Divis The C 2415	EET/COURIER ADDRE stration Section ion of Corporations Tentre of Tallahassee N. Monroe Street, Suite 81 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following an neck payable to: FLORIDA I ing Fee	DEPARTMENT O ng Fee &	78.75 Filing Fee & 💢 \$87.50 F	ite of 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.

MPANY," "CORPORATION,"  d for the purpose of transacting business in Florida)  883072  (FEI number, if applicable)  (Date of duration, if other than perpetual)  la, if prior to registration)  S., to determine penalty liability)  et address)  ess. if different)  NOT acceptable)
(FEI number, if applicable)  (Date of duration, if other than perpetual)  la, if prior to registration)  S., to determine penalty liability)  et address)
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NULL accompability
NOT acceptable)
Florida 32202
(Zip code)
rocess for the above stated corporation at the place registered agent and agree to act in this capacity to the proper and complete performance of my discregistered agent
p is

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

#### A. DIRECTORS Nick Petrucela ☐ Chairman Name: \_\_\_\_\_ □ Chairman 1070 Lea Drive Address: \_\_\_\_\_ □ Vice Chairman ☐ Vice Chairman Address: San Rafael, CA 94903 □Director □Director □President President Vice President □ Vice President Secretary □Treasurer □ Secretary □Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_ []Other \_\_\_\_\_\_ Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman □ Chairman Name: \_\_\_\_\_ ☐ Vice Chairman □ Vice Chairman Address: \_\_\_\_\_ Address: □ Director □Director □President □ President □Vice President \_\_\_\_\_ □ Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Chairman Name: \_\_\_\_\_\_ ☐ Chairman Name: \_\_\_\_\_ □ Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: Director Director □President □President □ Vice President \_\_ ☐ Vice President □ Secretary ☐ Treasurer □Treasurer El Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filling your Florida Department of State Annual Report form. 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.

Nick Petrucela, President

## State of California

### Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PETRUCELA AND COMPANY

FILE NUMBER:

C0559993

FORMATION DATE:

01/02/1969

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 fir. Acial 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 February 03, 2020.

**ALEX PADILLA Secretary of State**