# Facconas

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(Document Number)				
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## **COVER LETTER**

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TO: Registration Section Division of Corporations			
SUBJECT: Strategic Response Par	tners, Inc.		
	lame of corporation	- must include suffix	
Dear Sir or Madain:			
	ficate of Good Stand	Authorization to Transact Business in Florida, ding" and check are submitted to register the ss in Florida.	
Please return all correspondence cor	nceming this matter	Person Person	<b>-</b>
Daniel Grande, Esquire		FEB FEB	، س سمست
	Name of I	Person (n)	1
Williams Hilal Wigand Grande, PLLC		in the second se	٠,١
	Firm/Com	ipany 70 C	)   2: <b>2</b> 0
8603 S. Dixie Highway, Suite 303			20
	Addre	ess	
Pinecrest, Florida 33156			
<del></del>	City/State ar	nd Zip code	
damy@whwglaw.com			
E-mail ac	ddress: (to be used f	for future annual report notification)	
For further information concerning to	this matter, please c	all:	
Daniel Grande	at (	307-8052	
Name of Person	Area Code	c Daytime Telephone Number	
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
•	DA DEPARTMENT	OF STATE  3 \$78.75 Filing Fee & S87.50 Filing Fe Certified Copy Certificate of State Certified Copy	

### 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.

(If name unavail	able in Florida, enter alternate cornorate name ad	opted for the purpose of transacting business in Florida)		
California	•			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
1/1/2014		3		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
110 E. Broward l	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 Blvd., #1700, Fort Lauderdale, Florida 33301			
	(Principal office	street address)		
	(Current mailing	address, if different)		
Name and street	et address of Florida registered agent; (P.O.)	Box NOT acceptable)		
Name:	Daniel Grande, Esquire	<del></del>		
fice Address:	8603 S. Dixie Highway, Suite 303	<del></del>		
	Pinecrest	, Florida 33156 (Zip code)		
	(City)	(Zip code)		

ities. 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.

A. DIRECTORS					
Chairman	Name. Steve Slepcevic	□Chairman	Name: Tracy Slepcevic		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	San Marcos, California 92078	□Director	San Marcos, California 92078		
<b>■</b> President		□President			
□Vice President		□Vice President			
☐ Secretary	☐Treasurer	☐ Secretary	Treasurer		
□Other	□Other	■Other	Other		
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Name: 2		
□Director		□Director	22 1		
□President		□President	<u> </u>		
□Vice President		□Vice President	2: 20 2: 20		
□Secretary	☐Treasurer	☐ Secretary	Treasurer		
□Other	Other	□Other	Other		
☐Chairman	Name:	□Chainnan	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director		Director			
□President		□President			
□Vice President		□ Vice President			
☐Secretary	Treasurer	☐ Secretary	Treasurer		
□Other	□Other	□Other	(Лhег		
	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Departmen				
12.	<u>le le</u>	· (`\0"			
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 of 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.					
13	(Typed or printed name and capacity of person		1)		
	(1) ped of printed mane and onpuerty of person		· ·		

# State of California

# Secretary of State

CERTIFICATE OF STATUS

### ENTITY NAME:

STRATEGIC RESPONSE PARTNERS, INC.

FILE NUMBER: FORMATION DATE:

C3631937 01/01/2014

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 January 16, 2020.

ALEX PADILLA Secretary of State