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2020 APR 13 PM 3: 38

SECRETARY OF STATE





## **COVER LETTER**

',

	ition Section of Corporations				
SUBJECT: K	ushner Carlson, Profession	nal Law Corporat	ion		
	Name	of corporation	- must include suffix		
Dear Sir or Mad	am:				
"Certificate of E	Application by Foreign C Existence." or "Certificat d foreign corporation to	e of Good Stand	ding" and check are sub	mitted to register the APR	
Please return all	correspondence concerr	ning this matter	to the following:	13 ARY ASSE	
Sara N. Etemadi					III
	- "	Name of I	Person	3: 38 STATE LORIDA	
Kushner Carlson,	, PC			38 RIO	
	·· <del>···································</del>	Firm/Com	pany	<del></del>	
85 Enterprise, Su	ite 310				
		Addre	SS	<del></del>	
Aliso Viejo, CA	92656				
		City/State ar	nd Zip code		
setemadi@kushn	ercarlson.com	•	•		
	E-mail addres	ss: (to be used for	or future annual report r	notification)	<del></del>
For further infor	rmation concerning this	matter, please ca	all:		
Sara Etemadi		949 at (	421-3030		
Name o	of Person	Area Code	Daytime Telep	hone Number	
Registra Division The Cer 2415 N.	ation Section of Corporations of Tallahassee Monroe Street, Suite 81 ssee, FL 32303		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	
	neck for the following an k payable to: FLORIDA I g Fee	DEPARTMENT ing Fee &	OF STATE  ] \$78.75 Filing Fee &  Certified Copy	S87.50 Filing Fee Certificate of Sta 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.

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13 1 27 11	116	· L. · · · · · · · · · · · · · · ·
tt name unavau California	able in Florida, enter alternate corporate name ac	lopted for the purpose of transactin	g business in riorida)
(State or countr	y under the law of which it is incorporated)	(FEI number if an	nlicable)
(Date	of incorporation) 5	(Date of duration, if other	- 22 等 11
5 Enterprise, Su -	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 ite 310, Aliso Viejo, CA 92656 (Principal office		R 3 PH 3: 38 LIGHT OF STATE HASSEE, FLORIDA
	(Current mailing	address, if different)	<u> </u>
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	David Rothman		
ice Address:	200 S. Biscayne Blvd., Suite 2770		
	Miami	, Florida 33131	
	(City)	(Zip code)	

(Registered agent's signature)

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.

A. DIRECTORS			
□Chairman	Name: Michael B. Kushner	☐ Chairman	Name:
□Vice Chairman	Address:85 Enterprise, Suite 310	□Vice Chairman	Address:
□Director	Aliso Vejo. CA 92656	□Director	
President		□President	
□Vice President		□Vice President	
■ Secretary	<b>■</b> Treasurer	□Secretary	□Treasurer
Other	Other	□Other	Other
□ Chairman	Name:	□Chairman	Name: 77 (5 20 20 20 20 20 20 20 20 20 20 20 20 20
□ Vice Chairman	Address:	□Vice Chairman	Address: P2D -
□Director		□Director	PR 13
□President		□President	
□Vice President		□Vice President	STAIR LORD
□Secretary	□Treasurer	□Secretary	☐ Treasurer
□Other	Other	□Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other	□Other	Other	□Other
The officer or dire she is aware that fi s.817.155, F.S.	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment added to the index when filing your Florida Department Signature of Director of Cort signing this document (and who is listed in number also information submitted in a document to the Department.	nt of State Annual Ro r Officer r 11 above) affirms th	at the facts stated herein are true and that he or
Michael B. I	Kushner		

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

KUSHNER CARLSON, PROFESSIONAL LAW CORPORATION

FILE NUMBER: FORMATION DATE:

C2958846

LOMMATTOM T

11/28/2006

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

2020 APR 13 PH 3: 38
SECRETARY OF STATE
THAT A PASSEE, FLORIDA

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 March 13, 2020.

ALEX PADILLA Secretary of State