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Littler Mendelson, P.C. Wells Fargo Center 333 SE 2nd Avenue Suite 2700 Miami, FL 33131

Rebecca R. Anguiano 305,400,7514 direct 305,400,7500 main ranguiano@littler.com

April 17, 2020

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

Re: Wincome Management and Development Inc.

Application by Foreign Corporation for Authorization to Transact

Business in Florida

Dear Sir or Madam:

Enclosed please find: 1) the Cover Letter regarding the Application by Foreign Corporation for Authorization to Transact Business in Florida for Wincome Management and Development Inc. ("Wincome"); 2) Wincome's Application to Transact Business in Florida; 3) Wincome's Certificate of Status from the State of California; and 4) Wincome's \$70.00 filing fee.

Please be advised that due to issues relating to COVID-19. Wincome has had difficulty in obtaining and transmitting an original certificate of good standing. In an effort to avoid any delay in the filing, we do ask that the attached be accepted.

Should you have any questions or concerns, please feel free to contact me.

Very truly yours,

/s/ Rebecca R. Anguiano

Rebecca R. Anguiano

Enclosures

4816-4879-6346.1 082036.1000

COVER LETTER

Division of	Comorations			
SUBJECT: Wine	come Management & I	Development Inc.		
SODIECT:	Name	e of corporation	- must include suffix	
Dear Sir or Madam	:			
*Certificate of Exis	lication by Foreign (tence," or "Certifica oreign corporation to	t e of Good Stan	Authorization to Transact ding" and check are submass in Florida.	Business in Florida," nitted to register the
Please return atl cor	rrespondence concer	ning this matter	to the following:	
Rebecca Anguiano, I	isq.			
		Name of	Person	
Littler Mendelson, P.	C.			
		Firm/Con	ıpany .	
333 SE 2nd Ave.				_
		Addr	ess	
Miami, FL 33131	•			
		City/State a	nd Zip code	
mnguiano@littler.com				<u> </u>
·	E-mail addre	ess: (to be used)	for future annual report n	otification)
or further information	tion concerning this	matter, please	call:	
Rebecca Anguiano		at (³⁰⁵ Area Cod	_) 400-7514	
Name of Po	erson	Area Cod	le Daytime Telepl	none Number
Registration Division of The Centre 2415 N. Mo	COURIER ADDRE a Section Corporations of Tallahassec onroe Street, Suite 8 a, FL 32303		MAILING A Registration S Division of Co P.O. Box 632' Tallahassec, F	ection orporations 7
		DEPARTMENT	T OF STATE ☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & 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.

			ting business in Florida)
California	3.		
	• ,	(FEI number, if	,
(Date	5. of incorporation)	(D + 61 + 4 + 16 A	
ipon qualificat		(Date of duration, if other	er than perpetual)
8 S. Disneylar	(SEE SECTIONS 607.1501 & 607.15 d Drive, Anaheim, CA 92802	n Florida, if prior to registration) 502, F.S., to determine penalty liab	bility)
	(Principal offi	co <u>street</u> address)	
	. (Current mailin	g address, if different)	
ame and stree		,	
	(Current mailing taddress of Florida registered agent: (P.C.) Michael Feathers	,	
ame and <u>stre</u> Name:	t address of Florida registered agent: (P.C Michael Feathers	,	
	et address of Florida registered agent: (P.C. Michael Feathers 6216 Heirloom Place). Box <u>NOT</u> acceptable)	
Name:	et address of Florida registered agent: (P.C. Michael Feathers 6216 Heirloom Place). Box <u>NOT</u> acceptable)	20 HA 20
Name:	et address of Florida registered agent: (P.C. Michael Feathers 6216 Heirloom Place	,	1 1 5 E. W.
Name: ce Address:	et address of Florida registered agent: (P.C. Michael Feathers 6216 Heirloom Place Apollo Beach (City)). Box <u>NOT</u> acceptable)	20 A
Name: e Address; egistered age ng been nam	Michael Feathers 6216 Heirloom Place Apollo Beach (City) art's acceptance: ed as registered agent and to accept services). Box <u>NOT</u> acceptable) , Plorida 33572, Plorida (Zip code) cc of process for the above sta	tted corporation at the
Name: e Address: egistered age tg been name	t address of Florida registered agent: (P.C. Michael Feathers 6216 Heirloom Place Apollo Beach (City)	D. Box NOT acceptable) , Plorida 33572 , Plorida (Zip code) cc of process for the above statement as registered agent and a	tted corporation at the

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				
□ Chairman	Mark Chan Name:	Chairman	Name: _	Paul Sanford
□Vice Chainnan	Address:	□Vice Chairman	Address	936 West River Lane
Director	Newport Beach, CA 92660	□ Director	Santa A	Ana, CA 92706
□President		□Prosident		
□Vice President		□Vice President		
Secretary	☐ Treasurer	☐Scoretary		Treasurer
□Other	Other	W Other	.EO	□ Other
□Chairman	Name:	□ Chairman	Nаme: _	
□Vice Chairman	Address:	□Vice Chairman	Addres	s;
□Director		Director		
□President		□President		
□Vice President		□Vice President		
Secretary	ПТтеавшег	☐Secretary		☐Treasurer
Other	□Other	□Other		□Other
□ Choirman	Name:	□Chainnan	Name:	·····
□Vice Chairman	Address:	□Vice Chalrman	Addres	33:
□Director		Director		
□ Prœident		□President		
□Vice President		□Vice President		······································
Secretary	☐ Treasurer	Secretary		☐Treasurer
□Other		☐Other		Other
The officer or dire she is aware that f s.817.155, F.S.	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment in the index when filling your Florida Department Signature of Director exter signing this document (and who is listed in numbralse information submitted in a document to the Department of the D	or Officer or Officer or I I above) affirms riment of State consti	that the fe	m. octs stated herein are true and that he or

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

WINCOME MADAGEMENT & DEVELOPMENT INC.

FILE NUMBER:

C1197304

FORMATION DATE:

05/03/1987

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 March 07, 2020.

ALEX PADILLA Secretary of State