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COVER LETTER

	gistration Section vision of Corporations			
SUBJEC	ScaNet Company Inc.			
		n - must include suffix		
Dear Sir or	Madam:			
"Certificat		r Authorization to Transact Business in Flor inding" and check are submitted to register t less in Florida.		
Please retu	rn all correspondence concerning this matte	er to the following:		
Peggy Roge	rs			
	Name o	f Person		
SeaNet Cor	npany Inc.			
	Firm/Co	mpany		
2801 W. Co	ast Highway #220			
	Add	ress		
Newport Bo	Newport Beach CA 92663			
	City/State	and Zip code	- • •	
peggyr@se			င္သ	
E-mail address: (to be used for future annual report notification)				
For further	For further information concerning this matter, please call:			
D D 2007/100				
Peggy Rogo	at (3076122	-	
N.	ame of Person Area Co	de Daytime Telephone Number		
Re Di Th 24	REET/COURIER ADDRESS: gistration Section vision of Corporations e Centre of Tallahassee 15 N. Monroe Street, Suite 810 llahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	a check for the following amount: check payable to: FLORIDA DEPARTMEN Filing Fee	T OF STATE ■ \$78.75 Filing Fee & □ \$87.50 Filin Certified Copy Certificate of Certified Co	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.

SeaNet Compan	y Inc.			
	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED.	"COMPANY," "CORPORATION,"	
(If name unavail:	able in Florida, enter alternate corporate na	me a	idopted for the purpose of transacting bus	iness in Florida)
California		3. 38-3702482		
(State or country under the law of which it is incorporate		. J.)	(FEI number, if applicable)	
March 30, 2004		5.	38-3702482	
(Date	of incorporation)	٠.	(Date of duration, if other than perpetual)	
2801 W. Coast H	(SEE SECTIONS 607,1501 & 60		Florida, if prior to registration) 02, F.S., to determine penalty liability)	
	ighway #220, Newport Beach CA 92663 (Principal	offic	ce <u>street</u> address)	
	(Current ma	ıilin	g address, if different)	
. Name and <u>stree</u> Name:	lame and <u>street address</u> of Florida registered agen		. Box <u>NOT</u> acceptable)	2020 4 1
Office Address:	7901 4th St N. STE 300		_ _	- ස :
	St. Petersburg		, Florida 33702	
	(City)		(Zip code)	2

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.

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 Michael F. Costa ■Chairman □ Chairman 2801 W. Coast Hwy #220 Address: ☐Vice Chairman ☐ Vice Chairman Address: _____ Newport Beach CA 92663 ■ Director □ Director President □ President ☐ Vice President ☐ Vice President ■ 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 _____ □ Chairman ☐ Chairman Name: □Vice Chairman Address: _____ ☐ Vice Chairman Address: □ Director □ Director ☐ President □ President ☐ Vice President □Vice President ☐ Secretary Treasurer ☐ Secretary □ Treasurer □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 filing your Florida Department of State Annual Report form.

12. 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.

MICHAEL F. COSTA, PRESIDENT

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SEANET COMPANY, INC.

FILE NUMBER:

C2636611

FORMATION DATE:

03/30/2004

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 June 11, 2020.

ALEX PADILLA
Secretary of State