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The Sind

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: SURFBOARD BROKER, I	NC.
	Name of corporation - must include suffix	
Dear S	r or Madam:	
"Certif	closed "Application by Foreign Corporation for Authorization to Transacteate of Existence," or "Certificate of Good Standing" and check are subjected foreign corporation to transact business in Florida.	
Please	return all correspondence concerning this matter to the following:	
	Ander Delmas Eliasor Name of Person	l
	Name of Person	
	Firm/Company	
	275 SW Salerno Circle	
	Stuart, FL 34997 City/State and Zip code	
	anberdelmas Camail.com E-mail address: (to be used for future annual report n	otitication)
		oancadony
For fur	her information concerning this matter, please call:	
_A.	Name of Person Area Code Daytime Telepl	og none Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303 MAILING Al Registration Section of Corporations Division of Corporations Tallahassee, Fl. 32303	ection rporations
Please n	rd is a check for the following amount: hake check payable to: FLORIDA DEPARTMENT OF STATE 00 Filing Fee	S87.50 Filing Fee. Certificate of Status & Certified Copy Park 12-23-19

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.

1	SURF	FBOARD	BROKI	ER, INC.		
•	(Enter name of corp	poration: must include "I	NCORPORATED,"	"COMPANY." "CORPORAT	ON,"	
	inc., Co., Corp	o." "Inc." "Co." or "Corp	.)			
	(If name unavailabl	e in Florida, enter altern	ate corporate name ac	dopted for the purpose of transac	ting busines:	s in Florida)
2.	2 California 3			46-3519413		
	2. California 3. (State or country under the law of which it is incorporated)		is incorporated)	(FEI number, if applicable)		
4.	08-19	- 2013	5	NA		
	4. <u>08 - 19 - 2013</u> (Date of incorporation)			(Date of duration, if oth	er than perpe	tual)
6.			NIA			
				Florida, if prior to registration) 2, F.S., to determine penalty lia	bility)	
7.	2461	SE Dixie	Hwy. 5	tuart, FL 349	96	
			•			
	3810	Nautical	Dr. Car	Slood CA 926 address, if different)	80,	
			(Current mailing	address, if different)		
Q	Name and street a	addraes of Florida reai	ctored agents (P.O.	Box NOT acceptable)		
υ.					4.	
	Name:	Alex Delm	<u>as</u>	<u> </u>	: ;	G
Ol	ffice Address:	Alex Delm 275 SW S	jalerno Cir	<u></u>	* <u>.</u> .	
		Stuart		. Florida 34997	٠	
Stuart (City)		y)	(Zip code)			
٥	Registered agent				•	_

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 Name: Alex Delmas □ Chairman □ Chairman Name: Dice Chairman Address: 3810 Nautical Dr. Address: ____ □ Vice Chairman Carlsbac LA 92008 Director □ Director □ President □ President □ Vice President □ Vice President □ Secretary □Treasurer □ Secretary Treasurer □Other _____ □Other □Other _____ □Other_ Name: Angela Rabreau □Chairman □ Chairman Name: DVice Chairman Address: 3810 Nautical Dr. ☐ Vice Chairman Address: Carlobad, CA92008 Director □ Director □President □ President □Vice President □Vice President □ Secretary □ Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other _____ Name: Amber Eliason Name: _____ □Chairman □Chairman UVice Chairman Address: 275 SW Salarno Cir □ Vice Chairman Address: Stoart, FL 34997 □ Director □Director □President □President □ Vice President _____ □Vice President Secretary □Treasurer □ Secretary ☐Treasurer ∐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. 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.

(Typed or printed name and capacity of person signing application)

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SURFBOARD BROKER, INC.

FILE NUMBER:

C3597154

FORMATION DATE:

08/19/2013

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 December 04, 2019.

ALEX PADILLA Secretary of State