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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

10:	Division of Corpo		_			
SUBJ	ест: <u>Ва</u>	ugh	Corp		004024	4
		∪ Name	of corporation	- must include suffix		
Dear S	ir or Madam:					
"Certif		or "Certificate	of Good Stand	Authorization to Transa ling" and check are sub s in Florida.		
Please	return all correspoi	idence concerni	ing this matter	to the following:		
	Randy		ugh			
~	Bayar	CO	(N) me of P	'erson		
			Firm/Comp	oany:		
_3	748 3	rd Str	reex "	5 #35		
T	acuson V	lle t	Address Sea CV	r. FL	32250	
	deico	Y bic.	City/State an	a Zip code ALL COP or future annual report i	notification)	2020 1.
For fur	ther information co	ncerning this n	natter, please ca	ıll:		ပ ာ
<u></u>	Name of Person	Baugr	γι (<u>916</u> Area Code	218 52 Daytime Telep	212 hone Number	∧∺ 10: 1 û
	STREET/COUR Registration Section Division of Corporation of Corporation Centre of Tal 2415 N. Monroe Stallahassee, FL 3	on rations lahassee Street, Suite 810		MAILING A Registration S Division of C P.O. Box 632 Tallahassec, F	Section orporations 7	
Please r	ed is a check for the make check payable t .00 Filing Fee		EPARTMENT of the second	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Certificate o Certified Co	f Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED FOR FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
	in zoiz
Development Consultants Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business)	
2. Californa 3. (State or country under the law of which it is incorporated) (FEI number, if applicable	;)
4. August 1994 5. (Date of duration, if other than per	petual)
6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 3948 3rd Street S # 36 (Principal office street address)	
Current mailing address, if different)	<u> </u>
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: Rame: Name: Name:	2020 K':C
Office Address: 3948 3rd Street S #35	်း ယ
Jackson Ville Beach Florida 32250 (City) (Zip code)	AH 10:
9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corpo designated in this application, I hereby accept the appointment as registered agent and agree to acfurther agree to comply with the provisions of all statutes relative to the proper and complete perfoand I am familiar with and accept the obligations of my position as registered agent.	t in this capacity. I
(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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS								
Chairman	Name: Randy Baugh Address: 3948 3rd streets Taylor + 1/14 Rooth #35	□Chairman	Name:					
Vice Chairman	Address: 3948 3rd street S	□ Vice Chairman	Address:					
Director	JUCKSONVULL DEACH	□Director		 				
President	FL 32250	□President						
Vice President		□ Vice President						
Secretary	Treasurer	☐ Secretary		□Treasurer				
□Other	□Other	□Other		Other				
□Chairman	Name:	□Chairm a n	Name:					
□ Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
□President		□President						
□Vice President		□ Vice President						
Secretary	□Treasurer	□Secretary		□Treasurer				
□Other		Other		□Other				
□Chai⊓nan	Name:	□Chairman	Name:	2020				
□Vice Chairman	Address:	□Vice Chairman		mare e =				
□Director		□Director		ယ်				
□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								
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. 13. Pandy Bayah (Typed or printed name and capacity of person signing application)								
	(Typed or printed name add capacity of person	n signing application)					



I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

Entity Name:

BAUGH CORP.

File Number:

C1834885

Registration Date:

07/27/1994 DOMESTIC STOCK CORPORATION

Entity Type: Jurisdiction:

CALIFORNIA

Status:

ACTIVE (GOOD STANDING)

As of July 29, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, 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 July 30, 2020.

ALEX PADILLA Secretary of State

Certificate Verification Number: Z1PPWGY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile sos ca gov/certification/index.