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(Re	questor's Name)	•
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☐ PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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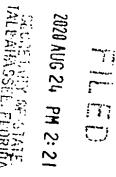


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COVER LETTER

	gistration Section vision of Corporat	ions					
SUBJEC	PREMIERE GE	NERAL CONTRACTOR,					
SODJEC	·	Name of corporation	n - mus	t include suffix	 		_
Dear Sir o	r Madam:						
"Certificat	e of Existence," or	y Foreign Corporation fo "Certificate of Good Sta poration to transact busin	ınding'' :	and check are sub			
Please retu	-	nce concerning this matte	er to the	following:		2020 AUS 24	·= [4
JAMES DA		Name o	f Darean	×	37: 27	- E	: ش <u>ائ</u> تندید د بسینه
lst UNITE	D CRS, LLC	Name	r r crson		50.	•	\
		Firm/Co	mpany	-		∵ 2 ∀ 2	
4211 CAPI	TAL CIRCLE NW				Onlin	2:21	
		Add	ress		7		
TALLAHA	SSEE, FL 32309						
		City/State	and Zip	code			
cc@unitedo							
	E-	mail address: (to be used	for futi	re annual report i	notification)		
For further	information conce	erning this matter, please	call:				
JAMES DA	AVIS	at (⁸⁵⁰	322	-7117 Daytime Telep			
N	ame of Person	Area Co	de '	Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
	• •	TLORIDA DEPARTMEN	□ \$78.1	FATE 75 Filing Fee & Ified Copy		Filing Fee cate of Stared 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.

1.	PREMIERE GENERAL CONTRACTOR, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"					
		orp," "Inc." "Co," or "Corp.")	COMPANY, CORPORATION,			
	PREMIERE GEI	NERAL CONTRACTOR OF CA, INC				
	(If name unavaila	ible in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)			
2.	CA	3	85-2299212			
	(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)			
4.	07/29/20	5.	Perpetual			
	(Date	of incorporation)	(Date of duration, if other than perpetual)			
6.	Upon Registratio	on				
			Florida, if prior to registration) 02, F.S., to determine penalty liability)			
7	7353 CANOGA A	VECANOGA PARK CA 91303	Aug			
		(Principal offi	ce street address)			
8.	Name and stree	t address of Florida registered agent: (P.C	2. 21			
	Name:	1st United CRS, LLC	<u> </u>			
Οſ	ffice Address:	4211 Capital Circle NW				
		Tallahassee	. Florida ³²³⁰³			
		(City)	(Zip code)			
Ho de fu	aving been nam signated in this rther agree to co	application, I hereby accept the appointn	ce of process for the above stated corporation at the place tent as registered agent and agree to act in this capacity. It is claim the proper and complete performance of my dutical sition as registered agent.			

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS Bill Jamal Name: Name: ■ Chairman □ Chairman 7353 Cangoa Ave □ Vice Chairman Address: □Vice Chairman Address: Canoga Park, CA 91303 □ Director Director □President □ President □Vice President ☐ Vice President □Treasurer □ Secretary □ Secretary □Treasurer □Other _____ □Other _____ Other ____ □ Other _____ □ Chairman □ Chairman Name: Name: □Vice Chairman Address: ______ ☐ Vice Chairman Address: ____ □ Director Director □President □President □Vice President □Vice President Treasurer □Treasurer □ Secretary ☐ Secretary Other _____ Other _____ □Other _____ □Chairman □ Chairman Name: 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 filling 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. Bill Jamal

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



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

Entity Name:

PREMIERE GENERAL CONTRACTOR

File Number:

C4621310

Registration Date:

07/29/2020

Entity Type:

DOMESTIC STOCK CORPORATION

Jurisdiction:

CALIFORNIA

Status:

ACTIVE (GOOD STANDING)

As of August 19, 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 eartificate, and affix the Great Seal of the State of California-this day of August 20, 2020.

ALEX PADILLA Secretary of State

Certificate Verification Number: YD61N1R