(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
(City/State/Zip/r Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Susiness Entry Name)
(Document Number)
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TO 2220 15 Minutely CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 446188 7185439

AUTHORIZATION: Syrell de man

COST LÏMIT : \$ 87.50

ORDER DATE: October 5, 2020

ORDER TIME : 9:36 AM

ORDER NO. : 446188-010

CUSTOMER NO: 7185439

FOREIGN FILINGS

NAME: POSITIVE DEVELOPMENT OF

CALIFORNIA, P.C.

XXXX QUALIFICATION (TYPE: PC)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY PLAIN STAMPED COPY

XX ____ CERTIFICATE OF GOOD STANDING .

CONTACT PERSON: Amanda Robinson -- EXT# 62968

COVER LETTER

	egistration Section ivision of Corporations			
SUBJEC	Positive Development of Californ	nia, P.C., Inc.		
SOBJEC		rporation - mu	st include suffix	
Dear Sir o	т Madam:			
"Certifica	sed "Application by Foreign Corporate of Existence," or "Certificate of Gerenced foreign corporation to transa	iood Standing'	and check are subn	
Please reti	urn all correspondence concerning th	nis matter to th	e following:	
Joshua D	. Feder			
		Name of Perso	n	
Positive I	Development of California, P.C.			
	F	irm/Company		
211 E. Hi	untington Drive, Suite 211			
		Address		
Monrovia	a, CA 91016			
	Cit	y/State and Zi	p code	
jdfeder@	icloud.com			
	E-mail address: (to	be used for fu	ture annual report no	otification)
For furthe	r information concerning this matter	, please call:		
	at ()		
N	ame of Person	Area Code	Daytime Telepho	one Number
Ro Di Ti 24	rretr/courier address: egistration Section ivision of Corporations ne Centre of Tallahassee 15 N. Monroe Street, Suite 810 allahassee, FL 32303		MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed i Please mak	s a check for the following amount: c check payable to: FLORIDA DEPAR Filing Fee	e & □ \$78	TATE .75 Filing Fee & tified Copy	\$87.50 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.

(Enter name of C	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	.,
inc., Co., C	orp, Inc. Co. or Corp.)		
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	business in Florida)
Californi	a 3		
(State or countr	y under the law of which it is incorporated)	(FEI number, if appl	icable)
Septemb	er 17, 2020 5		
(Date of incorporation)		(Date of duration, if other than perpetual)	
		<u>.</u>	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150))
222 E. Hunting	ton Drive, Suite 211, Monrovia, CA 91016	·, · · · · , · · · · · · · · · · · · ·	,
	(Principal office	street address)	
	•		
	(Current mailing	address if different)	
	(**************************************	addiess, it differently	
	(0	address, if differency	
Name and stree	et address of Florida registered agent: (P.O.		206 1ALL
	·		2021 OU SECRE TALLAH
Name:	ct address of Florida registered agent: (P.O. Corporation Service Company		2021 OCT - SECREIAR TALLAHAGS
Name:	Corporation Service Company 1201 Hays Street	Box <u>NOT</u> acceptable)	2021 OCT -6 SECRE LARY O
Name:	Corporation Service Company 1201 Hays Street Tallahassee	Box NOT acceptable) , Florida 32301	2021 OCT -6 AH SECREIARY OF STALLAHASSEE, FL
Name:	Corporation Service Company 1201 Hays Street	Box <u>NOT</u> acceptable) — —	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name: ffice Address: Registered age	Corporation Service Company 1201 Hays Street Tallahassee (City)	Box NOT acceptable) , Florida 32301 (Zip code)	* Selva 31915 5: St
Name: fice Address: Registered againg been nam	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ed as registered agent and to accept service	Box NOT acceptable) , Florida 32301, Code) of process for the above stated of	Sorporation at the place
Name: ffice Address: Registered againg been nam signated in this	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment.	Box NOT acceptable) , Florida 32301, Cip code) of process for the above stated cont as registered agent and agree	corporation at the place to act in this capacity.
Name: ffice Address: Registered age aving been namesignated in this rther agree to contact the second cont	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ed as registered agent and to accept service	Box NOT acceptable) , Florida 32301, Code) of process for the above stated on as registered agent and agree ative to the proper and complete	corporation at the place to act in this capacity.
Name: ffice Address: Registered age aving been nam signated in this rther agree to co	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes related with and accept the obligations of my position.	Box NOT acceptable) , Florida 32301, Code) of process for the above stated on as registered agent and agree ative to the proper and complete	corporation at the place to act in this capacity.
Name: ffice Address: Registered age aving been namesignated in this orther agree to conditional I am familiar	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes relations.	Box NOT acceptable) , Florida 32301, Code) of process for the above stated on as registered agent and agree ative to the proper and complete	corporation at the place to act in this capacity.

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 Joshua D. Feder □ Chairman Name: Name: □Chairman 222 E. Huntington Drive, Ste 211 □Vice Chairman Address: □Vice Chairman Address: _____ Monrovia, CA 91016 ■ Director □Director President □President □ Vice President ____ □Vice President ■ Secretary ☐Treasurer □ Secretary ☐Treasurer CFO □Other _____ ■Other Other_ □Other _____ □ Chairman Name: □Chairman □Vice Chairman Address; _____ □Vice Chairman Address: _____ □Director □ Director □President □President □Vice President ____ □Vice President □ Secretary □Treasurer □Treasurer □ Secretary □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 _____ □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. Joshua D. Feder, Chief Executive Officer 13.



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

Entity Name: POSITIVE DEVELOPMENT OF CALIFORNIA, P.C.

File Number: C4641921 Registration Date: 09/17/2020

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of October 4, 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.

SEAL OF THE OF T

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 5, 2020.

ALEX PADILLA Secretary of State

Certificate Verification Number: Y6Q9Q3Y

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.