(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 466610 7348506

AUTHORIZATION : Signell &

COST LIMIT : \$'70.00

ORDER DATE: October 22, 2020

ORDER TIME : 1:23 PM

ORDER NO. : 466610-020

CUSTOMER NO: 7348506

FOREIGN FILINGS

NAME: ASPIRE COMMUNITIES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavails	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting b	usiness in Florida)	
California	3	35-2955194		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
August 25, 2020	5			
(Date of incorporation)		(Date of duration, if other than perpetual)		
6. Upon registration	on			
_ 1920 Main Street	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 , Suite 150, Irvine, CA 92614 Attn: Avanath Cap	2, F.S., to determine penalty liability)	7022 C	
7(Principal office street address)			007 23	
	(Current mailing	address, if different)	P	
8. Name and street Name:	et address of Florida registered agent: (P.O. Corporation Service Company	Box NOT acceptable)	: -6	
Office Address:	1201 Hays Street			
	Tallahassee	Florida 32301		
	(City)	(Zip code)		

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			
□Chairman	Name:	■ Chairman	Name: Daryl Carter
□Vice Chairman	Address: 1920 Main Street, Suite 150	□Vice Chairman	Address: 1920 Main Street, Suite 150
Director	Irvine, CA 92614	□Director	Irvine, CA 92614
□President		□President	
□Vice President		□Vice President	
Secretary	Treasurer	☐ Secretary	Treasurer
Other	Other	Other	Other
□Chairman □Vice Chairman ■Director	Name:	□Chairman □Vice Chairman □Director	Name: 1920 Main Street, Suite 150 Address: Irvine, CA 92614
□President		President	<u> </u>
□Vice President		□Vice President	2
Secretary	Treasurer	Secretary	Other
Other	Other	Other	□Other · · · · · · · · · · · · · · · · · · ·
□Chairman □Vice Chairman □Director	Name: Jun Sakumoto 1920 Main Street, Suite 150 Address: Livine, CA 92614	□Chairman □Vice Chairman □Director	Name: Ellen Guecione 1920 Main Street, Suite 150
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	■ Secretary	☐Treasurer
□Other	Other	Other	Other
The officer or direct she is aware that fas.817.155, F.S.	Use an attachment to report more than six (6). The added to the index when filing your Florida Department of Direct Signature of Direct signing this document (and who is listed in number information submitted in a document to the Decon - Chief Financial Officer	rtment of State Annual Re tor or Officer mber 11 above) affirms the	port form. at the facts stated herein are true and that he or

ATTACHMENT TO APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Continuation of Section 11 A / Additional Officers:

Name: Wesley Wilson

Title: Chief Financial Officer

Address: 1920 Main Street, Ste. 150, Irvine, CA 92614

Name: Jun Sakumoto

Title: Chief Operating Officer

Address: 1920 Main Street, Ste. 150, Irvine, CA 92614

Name: Nicholas Dunlap Title: Vice President

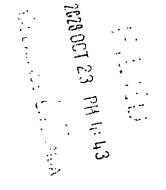
Address: 1920 Main Street, Ste. 150, Irvine, CA 92614

Name: Emily Shortall Title: Vice President

Address: 1920 Main Street, Ste. 150, Irvine, CA 92614

Name: Jeremiah Lucey Title: Vice President

Address: 1920 Main Street, Ste. 150, Irvine, CA 92614





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

Entity Name:

ASPIRE COMMUNITIES, INC.

File Number:

C4632373

Registration Date:

08/25/2020

Entity Type:

DOMESTIC STOCK CORPORATION

Jurisdiction:

CALIFORNIA

Status:

ACTIVE (GOOD STANDING)

As of October 21, 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 October 22, 2020.

ALEX PADILLA Secretary of State

Certificate Verification Number: RE22MJY

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.