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| (Requestor's Name) | | | | | |
|---|--------------------|-------------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (Ci | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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MARINAL T

COVER LETTER

| ~ | ion of Corporations | | | | |
|--|--|---|--|--|--|
| SUBJECT: | PMG Capital, Inc. | | | | |
| | Name of | corporation | - must include suffix | | |
| Dear Sir or M | adam: | | | | |
| "Certificate o | "Application by Foreign Corp f Existence," or "Certificate o ced foreign corporation to trai | f Good Stand | ding" and check are submit | | |
| Please return | all correspondence concerning | g this matter | to the following: | | |
| Ryan Kinch | | | | | |
| | | Name of I | Person | | |
| Lynx Licensing | 5 | | | | |
| <u>. </u> | | Firm/Com | pany | | |
| 421 Bernard St | reet, Apt. 322 | | | | |
| | | Addre | ss | | |
| Costa Mesa, C. | A 92627 | | | | |
| | | City/State ar | nd Zip code | | |
| reports@lynxli | censing.com | | | | |
| | E-mail address: | (to be used for | or future annual report noti | fication) | |
| For further in | formation concerning this made | iter, please ca | all: | | |
| Ryan Kinch | а | 586 t (| 531-1826 | 531-1826 | |
| Name | e of Person | Area Code | Daytime Telephon | e Number | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | Registration Sect Division of Corpo P.O. Box 6327 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | |
| | check for the following amounteek payable to: FLORIDA DEF ing Fee | PARTMENT Fee & 🗆 | | ■ \$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.

| PMG Capital, Ir | nc. | | | |
|--------------------|---|--|-------------------------|--|
| | corporation: must include "INCORPORATED. orp." "Inc.," "Co.," or "Corp.") | " "COMPANY," "CORPORATIO | N," | |
| (If name unavail | able in Florida, enter alternate corporate name | adopted for the purpose of transacting | ng business in Florida) | |
| 2. California | 3. | 3. 20-0646230 | | |
| (State or countr | y under the law of which it is incorporated) | (FEI number, if applicable) | | |
| 4. 01/01/2004 | 5. | perpetual | | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | | |
| 6. N/A | | | | |
| | (Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 | n Florida, if prior to registration) 502, F.S., to determine penalty liabil | ity) | |
| 7. 1010 Hurley Way | #110, Sacramento, CA 95825 | | | |
| | (Principal off | ice street address) | | |
| | (Current mailin | ng address, if different) | 20 | |
| 8. Name and street | et address of Florida registered agent: (P.G | O. Box <u>NOT</u> acceptable) | * 3 | |
| Name: | Cogency Global Inc. | <u>.</u> | | |
| Office Address: | 115 N. Calhoun Street, Suite 4 | | 2 指 2 | |
| | Tallahassee | . Florida ³²³⁰¹ | 8 L8 | |
| | (City) | (Zip code) | ထ | |

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.

Marisa Kugelmann
Assistant Secretary

(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Michael Drake Chairman: 1010 Hurley Way, #110 Address: Sacramento, CA 95825 Vice Chairman: Address: ______ Adham Sbeih Director: 1010 Hurley Way, #110 Address: Sacramento, CA 95825 Director: Address: __ **B. OFFICERS** Michael Drake President: 1010 Hurley Way, #110 Address: Sacramento, CA 95825 Vice President: _____ Adham Sbeih ecretary: 1010 Hurley Way, #110, Sacramento, CA 95825 ddress: Adham Sheih reasurer: 1010 Hurley Way, #110, Sacramento, CA 95825 ddress; OTE; If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer e officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein true and that he or she is aware that false information submitted in a document to the Department of State constitutes

ADMINI SBETH, DERSCER & OFFICER

11rd degree felony as provided for in s.817.155, F.S.



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

Entity Name: PMG CAPITAL, INC.

File Number: C2571218
Registration Date: 01/01/2004

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of June 18, 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 June 19, 2020.

ALEX PADILLA Secretary of State

Certificate Verification Number: BY6VNZK

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.