# F20000005133

| (Requestor's Name)                      |             |  |  |  |  |
|---|-------------|--|--|--|--|
| (Address)                               |             |  |  |  |  |
| (Address)                               |             |  |  |  |  |
| (City/State/Zip/Phone                   | e #)        |  |  |  |  |
| PICK-UP WAIT                            | MAIL        |  |  |  |  |
| (Business Entity Nar                    | me)         |  |  |  |  |
| (Document Number)                       |             |  |  |  |  |
| Certified Copies Certificates           | s of Status |  |  |  |  |
| Special Instructions to Filing Officer: |             |  |  |  |  |
|   |             |  |  |  |  |
|   |             |  |  |  |  |
|   |             |  |  |  |  |

Office Use Only



500354585665

11/09/20--01034--011 \*\*70.00

29.9 J. 6-1 Aedd



# **COVER LETTER**

| _  | tration Section<br>ion of Corporations  |                  |                                       |   |                                       |                      |
|--|---|------------------|---------------------------------------|---|---------------------------------------|----------------------|
| SUBJECT:   | Hicks Consulting Gro  | oup, Inc.        |                                       |   |                                       |                      |
| oomici.  |   | e of corporation | on - must i                           | nclude suffix                             |                                       | <u> </u>             |
| Dear Sir or M  | adam:   |                  |                                       |   |                                       |                      |
| "Certificate of  | "Application by Foreign Of Existence," or "Certifica ced foreign corporation to | te of Good Sta   | anding" ar                            | id check are sub                          | et Business in<br>omitted to regis    | Florida."<br>ter the |
| Please return :  | all correspondence concer   | ning this matt   | er to the f                           | ollowing:                                 |                                       |                      |
| Lindsay Hicks  |   |                  |                                       |   |                                       |                      |
|  |   | Name o           | of Person                             |   |                                       | <del></del>          |
| Hicks Consulti   | ing Group, INC  |                  |                                       |   |                                       |                      |
|  |   | Firm/Co          | mpany                                 |   |                                       |                      |
| 1630 N. Main   | Street, Suite 216   |                  |                                       |   |                                       |                      |
| _  |   | Ado              | iress                                 |   |                                       |                      |
| Walnut Creek,  | CA 94596  |                  |                                       |   |                                       |                      |
|  |   | City/State       | and Zip c                             | ode                                       |                                       |                      |
| thicks@hicl  | kspro.com   |                  |                                       |   |                                       | 237                  |
|  | E-mail addre  | ss: (to be used  | for future                            | annual report i                           | notification)                         |                      |
| For further information concerning this matter, please call: |   |                  |                                       | 19  |                                       |                      |
|  |   |                  |                                       |   |                                       | <u> </u>             |
| Lindsay Hick   |   | at ( <u>925</u>  | <i>'</i>                              | 3189                                      |                                       | <u> </u>             |
| Name   | e of Person   | Area Co          | ode                                   | Daytime Telep                             | hone Number                           |                      |
| STREET/COURIER ADDRESS: Registration Section                 |   |                  | MAILING ADDRESS: Registration Section |   |                                       |                      |
|  | Division of Corporations The Centre of Tallahassee                              |                  |                                       | Division of Corporations<br>P.O. Box 6327 |                                       |                      |
| 2415   | N. Monroe Street, Suite 8 nassee, FL 32303                                      | 10               |                                       | Tallahassee, FL 32314                     |                                       |                      |
|  | check for the following an  |                  | ታ ለድ ደጉ ፡                             | TE  |                                       |                      |
| <b>X</b> \$70.00 Fili  |   | ing Fee &        | □ \$78.75                             | Filing Fee & ed Copy                      | ☐ \$87.50 F<br>Certifica<br>Certified | ite of Status &      |

# 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.

| I. HICKS C                 | ONSULTING GROUP, INC.                           |                             |                                      |                 |  |
|----------------------------|---|-----------------------------|--------------------------------------|-----------------|--|
|                            | orporation; must include "INCORPORATED,"        | " "CON                      | IPANY," "CORPORATION,"               |                 |  |
| "Inc.," "Co.," "C          | orp," "Inc," "Со," or "Согр.")                  |                             |                                      |                 |  |
|                            |   |                             |                                      |                 |  |
| Hicks Profe                | ssional Group, INC.                             |                             |                                      |                 |  |
|                            | able in Florida, enter alternate corporate name | adopted                     | for the purpose of transacting busin | ess in Florida) |  |
| 2. Californi               | a   | 3. <b>94-2592026</b>        |                                      |                 |  |
|                            | y under the law of which it is incorporated)    | (FEI number, if applicable) |                                      |                 |  |
| . <u>07/0</u> 2/1979       |   |                             | 5.                                   |                 |  |
| (Date of incorporation)    |   |                             | (Date of duration, if other than per | petual)         |  |
| 6.                         |   |                             |                                      |                 |  |
|                            | (Date first transacted business in              |                             |                                      | 4.714.44        |  |
|                            | (SEE SECTIONS 607.1501 & 607.15                 | 502, F.S.                   | , to determine penalty liability)    |                 |  |
| <sub>7.</sub> 1630 N. Main | Street, Suite 216 Walnut Creek, C               | A 9459                      | 96                                   |                 |  |
|                            | (Principal offi                                 | ce <u>stree</u>             | t address)                           | <del></del> -   |  |
|                            |   |                             |                                      |                 |  |
|                            | (Current mailin                                 | ig addres                   | ss, if different)                    |                 |  |
|                            |   |                             |                                      | ~ ;             |  |
| 8. Name and stree          | et address of Florida registered agent: (P.C    | ). Box                      | NOT acceptable)                      |                 |  |
|                            |   |                             | <u></u> ,                            | •               |  |
| Name:                      | InCorp Services, Inc.                           |                             |                                      | 1               |  |
| Office Address:            | 17888 67th Court North                          |                             |                                      | <del>-173</del> |  |
|                            | Loxahatchee                                     |                             | 33470                                | : :             |  |
|                            |   | i                           | lorida                               | 6: 1:2          |  |
|                            | (City)  |                             | (Zip code)                           | $\tilde{\sim}$  |  |

## 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.

Jackie DeFilippis on behalf of InCorp Services, Inc.

(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 Darren Hicks □Chairman Name: □ Chairman Name: 1630 N. Main Street, Suite 216 ☐ Vice Chairman Address: □Vice Chairman Address: Walnut Creek, CA 94596 □Director □ Director □President □ President □Vice President □Vice President □ Secretary □Treasurer ☐ Secretary Treasurer ■Other \_\_\_ Other\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □ Chairman Name: □Chairman Name: \_\_\_\_\_ □Vice Chairman Address: Address: \_\_\_\_ ☐ Vice Chairman □Director □ Director □ President □ President □Vice President \_\_\_\_\_ □Vice President □ Secretary □ Treasurer □ Secretary ☐ Treasurer □Other Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ □Chairman Name: □ Chairman □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 filing your Florida Department of State Annual Report form. Darren Hicks 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. Darren Hicks



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

Entity Name: HICKS CONSULTING GROUP, INC.

File Number: C0923916
Registration Date: 07/02/1979

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of October 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.

SEAL OF THE CONTRACT OF THE CALIFORNIA

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 19, 2020.

ALEX PADILLA Secretary of State

Certificate Verification Number: YWB94AY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at