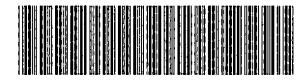
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(Re	questor's Name)					
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: KEVIN MICHAEL MELODY, INC.		
Name of corporation - m	nust include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Aut "Certificate of Existence," or "Certificate of Good Standin above referenced foreign corporation to transact business in	g" and check are submitted to re-	
is lease return all correspondence concerning this matter to	the following:	
KEVPI MICHAEL MELODY		
Name of Per	son	. .
KEVIN MICHAEL MELODY, INC.		i.
Firm/Compar	ıÿ	
16458 BOLSA CHICA ST., #162		33
Address		, F.
HUNTINGTON BEACH, CA 92649	•	
P City/State and a	Zip code	
KEVIn@HBREVERSE.COM		
E-mail address: (to be used for	future annual report notification)	_
For further information concerning this matter, please call:		
KEVIN MICHAEL MELODY at ()	603-9791	
Name of Person Area Code	Daytime Telephone Numb	er
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	
· · · · · · · · · · · · · · · · · · ·	78.75 Filing Fee & \$87.5 Certified Copy Certi	0 Filing Fee, ficate of Status & fied Copy

ι,

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.

	poration; must include "INCORPORATED,"	COMPANY," "CORPORATIO	DN,"
"Inc.," "Co.," "Cor	p," "Inc." "Co." or "Corp.")		
N/A			
(If name unavailab	ole in Florida, enter alternate corporate name ado	opted for the purpose of transacti	ing business in Florida)
CALIFORNIA	3		
(State or country	under the law of which it is incorporated)	(FEI number, if a	ipplicable)
05/.1/2015	5		
(Date o	(Date of incorporation) 5. (Date of duration, if oth		
N/A			•
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	, F.S., to determine penalty liabi	lity)
17011 BEACH BL	VD., SUITE 900, HUNTINGTON BEACH, CA	N 92647	
 	(Principal office		
16458 BOLSA CI	HCA ST., #162, HUNTINGTON BEACH, CA	92649	
(Current mailing address, if different)			
· .			
Name and street	address of Florida registered agent: (P.O. I	Box NOT acceptable)	
Name:	C T Corporation System		
ffice Address:	1200 South Pine Island Road.		
	Plantation	. Florida 33324 (Zip code)	
	(City)	(Zip code)	

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 dutie and I can familiar with and accept the obligations of my position as registered agent.



10. Attached is a coefficate of existence duly authenticated, not more than 90 days prior to delivery of this application the Department of State by the Secretary of State or other official having custody of corporate records in the jurisdictic under the law of which, is incorporated.

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

DocuSign Envelope ID: ALE IAD63-A721-4001-B324-AEDF8A715C0B

A. DIRECTORS:

∷ T Chairman	Kevin Mich	aet Melody	□Chairman	M Name:	onica Lieras-Melody	
□Vice Chairman		adowlark Drive	■ Vice Chairman		5391 Meadowlark Drive	
Director	Huntington Beach.	CA 92649	□Director		on Beach, CA 92649	
President			□President			
			□Vice President			
□ Secretary		Treasurer	Secretary		□Treasurer	
·			•			
□Other	·	Other	□Other		□Other	
٠						
□Chairman	Name:		□Chairman	Name:		
□Vice Chelemen	Address:		□Vice Chairman	Address:		
□Director		·	□Director		.	
□President	****		□President		·	
⊡Vice President	 		□Vice President			
☐ Secretary		Treasurer	☐ Secretary		□Treasurer ===	
□Other		Other	□Other		□Other	
					·	
□Chairman	Name:		□Chairman	Name:		
□Vice Chairman	Address:		□ Vice Chairman	Address:		
□Director			□Director		 	
□President			□President			
□Vice President			□ Vice President		····	
□ Secrec (y		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. 12. Evil Millia: Milly Signature of Director or Officer						
		ment (and who is listed in number litted in a document to the Departi				

s.817.155, F.S.

13. Kevin Michael Melody

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

KEVIN MICHAEL MELODY, INC.

FILE NUMBER:

C3786513

FORMATION DATE: TYPE:

05/11/2015

TIDIOTECTION

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

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

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 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 certifica and affix the Great Seal of the State of California this day of October 15, 2020.

> ALEX PADILLA Secretary of State