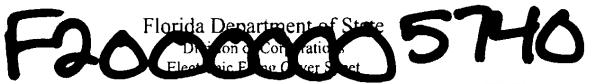
12/24/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000439110 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FOREIGN PROFIT/NONPROFIT CORPORATION CODEFIED INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 28 207.0

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

From: Ranae McGraw

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. Codefied Inc. 1. (Enter name of corporation; must include "INCORPORATED." "COMPANY." "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

02/18/2025 (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 6906 Miramar Rd, Ste C382, San Diego, CA 92121 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation.

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.

CT Corporation System

- Peter Trawnski, 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.

PLOTA (6/25/2019 Wollers Kluwer Octobe

11. Names and business addresses of officers and/or directors:

| A. DIRI | ECTORS |
|------------|---|
| Chairman | Michael Beaudoin |
| Address: | 861 SODA CREEK RD |
| | EVERGREEN, CO, 80439 |
| Vice Chai | Brooks Pettus |
| | 2526 Via Merano |
| | Del Mar, CA, 92014 |
| Director: | |
| | |
| | |
| Director: | |
| | |
| | |
| B. OFF | ICERS |
| President: | lan Heidt |
| Address: | 2190 Corte Acebo |
| | Carlsbad, CA, 92009 |
| Vice Pres | ident: |
| | |
| | |
| Secretary: | |
| | |
| | |
| | |
| NOTE: | If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| | Ω_{con} |
| | Signature of Director or Officer |
| are true a | rer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes agree felony as provided for in s.817.155, F.S. |
| 13 | Michael Beaudoin - Director |
| | (Typed or printed name and capacity of person signing application) |



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CODEFIED INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

at corp.delaware.gov/authyr

Authentication: 204412324

Date: 12-24-20