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SUTTER SECURITIES, INC.

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abbie Hodge

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sutter Securities, Inc.	
	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busing	inding" and check are submitted to register the
Please return all correspondence concerning this matter	er to the following:
Keith Moore	
Name o	f Person
Sutter Securities, Inc.	
Firm/Con	inpany
6 Venture Ste 395	
Add	ress
Irvine, CA 92618	
City/State	and Zip code
keith@boustead1828.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Keith Moore at (949	295-1580
Name of Person Area Coo	de Daytime Telephone Number
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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMEN' S70.00 Filing Fee	T OF STATE ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy 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.

(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	siness in Florida)	
2. CA	7	68-0281016		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applica		
4. <u> </u>	s of incorporation) 5.	(Date of duration, if other than	perpetual)	
6				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7. 433 Plaza Real So	uite 275 Office 25 Boca Raton, Florida, 33432			
6 Venture Ste 39	(Principal offi 5 Irvine, CA 92618	ce <u>street</u> address)	202	
	·	g address, if different)	JAN	71.
 Name and street Name: 	et address of Florida registered agent: (P.C Paracorp Incorporated	D. Box <u>NOT</u> acceptable)	=	
Office Address:	155 Office Plaza Drive, 1st Floor		9: 04	
	Tallahassee	32301 Florida	· 12	
	(City)	(Zip code)		
Having been nan designated in this further agree to c	ent's acceptance: ned as registered agent and to accept servi application, I hereby accept the appointn omply with the provisions of all statutes r with and accept the obligations of my po	nent as registered agent and agree to elative to the proper and complete pe	act in this capaci	ity. I
_	SEE ATTACHED (Registered agent's si	gootusel		

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 Name: Keith Moore □ Chairman □Chairman 6 Venture Ste 395 □Vice Chairman Address: Address: _____ ☐Vice Chairman Irvine, CA 92618 Director □ Director ☐ President □ President ☐ Vice President □ Vice President Treasurer □ Secretary ☐ Treasurer ☐ Secretary CEO □Other _____ □Other _____ Other _____ Gil Matthews Name: Name: □Chairman □Chaimnan 6 Venture Ste 395 □Vice Chairman Address: __ ☐ Vice Chairman Address: Irvine, CA 92618 □ Director □Director □ President ☐President □ Vice President ☐Vice President □Sccretary ☐ Treasurer Treasurer Secretary: □Other _____ Other □Other _____ Tad Bull □Chairman □ Chairman Name: 6 Venture Ste 395 Address: _ ☐ Vice Chairman □Vice Chairman Address: _____ Irvine, CA 92618 □ Director ☐ Director ☐ President President □ Vice President □Vice President _____ ☐ Secretary Treasurer ☐ Secretary ☐Treasurer 層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. 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. Keith Moore

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 1/8/2021

ENTITY NAME: SUTTER SECURITIES, INC.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



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

Entity Name: SUTTER SECURITIES, INC.

File Number: C1524386 Registration Date: 07/22/1992

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of January 7, 2021 (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.

SEALUFOR WILLIAM CALIFORNIA

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 8, 2021.

ALEX PADILLA Secretary of State

Certificate Verification Number: RL6D4WY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at <u>bebizfile.sos.ca.gov/certification/index</u>.