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Division of Corporations

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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.

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FOREIGN PROFIT/NONPROFIT CORPORATION Psomas Corp.

Certificate of Status	0
Certified Copy	1
Page Count	04
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Psomas Corp.			
(Enter name of co	rporation; must include "INCORPORATED," " rp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Flo	orida)
CA	9:	5-2863554	
(State or country	3. 2 under the law of which it is incorporated)	(FEI number, if applicable)	
02/01/1974	5	••	202
(Date upon filing		(Date of duration, it other than perpetual)	292N KAS
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150		S P
555 S. Flower Str	eet STE 4300 Los Angeles CA 90071	,	ii.
	(Principal	office address)	<u>~</u>
	(Current mailing	address, if different)	
Name and street	t address of Florida registered agent: (P.O.	Box NOT acceptable)	
rame and street			
-	C T Corporation System		
Name:	C T Corporation System 1200 South Pine Island Road		
Name:	1200 South Pine Island Road		
	1200 South Pine Island Road	, Florida	
Name: ffice Address: Registered age aving been namesignated in this orther agree to contact the second con	Plantation. (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment.	, Florida (Zip code) (Zip code) of process for the above stated corporation on the as registered agent and agree to act in the ative to the proper and complete performance	is capacity.
Name: ffice Address: Registered age aving been namesignated in this orther agree to contact the second con	1200 South Pine Island Road Plantation, (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes rel	Florida (Zip code) cof process for the above stated corporation and agree to act in the ative to the proper and complete performancy position as registered agent.	is capacity.
Name: ffice Address: Registered age aving been namesignated in this orther agree to contact the second con	Plantation. (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointments omply with the provisions of all statutes relamiliar with and accept the obligations of all complete the obligations of all complete applications o	Florida (Zip code) cof process for the above stated corporation and agree to act in the ative to the proper and complete performancy position as registered agent.	is capacity.

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.

Names and business addresses of officers and/or directors:

ldress:	5 Hutton Centre, Suite 300 Santa Ana, CA 92707
ee Chai	N/A rman:
dress:	
ector:	Donald Whiteley 🗸
dress:	1075 Creekside Ridge STE 200
uicss.	Roseville, CA 95678
rector:	
dress:	-0 1 1
	S
	Steve Margaroni
	1075 Creekside Ridge STE 200
	Roseville, CA 95678
e Pres	Matthew Clark 🗸
	333 W. Wetmore Road, Suite 450 Tueson, AZ 85705
erctary	Chad Wilson 🗸
dress:	555 S. Flower Street STE 4300 Los Angeles CA 90071
easurer	Nicolas Tarditti 🗸
dress:	100 Corporate Pointe Ste 265 Culver City, CA 90230-7648
OTĘ:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.

2021-03-15 11:21:35 CST

13. Chad M. Wilson



Page: 5 of 5

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

PSOMAS Entity Name: C0705477 File Number: 02/01/1974 Registration Date:

DOMESTIC STOCK CORPORATION **Entity Type:**

Jurisdiction: CALIFORNIA

ACTIVE (GOOD STANDING) Status:

As of March 11, 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 an 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 March 12, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: ZV91BBY

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.