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JENNINGS, STEINE & CO., CERTIFIED PUBLIC ACCOUNTANTS, A

PROFESSIONAL CORPORATION

TYPE OF FILING: APPLICATION

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#### **COVER LETTER**

IO: Registration Section Division of Corporations				
SUBJECT. JENNINGS, STEINE & CO., CERTIFIED PUBLIC ACCOUNTANTS, A PROFESSIONAL CORPORATION				
Name of corporation - must include suffix				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence," or "Certificate of Good Standin above referenced foreign corporation to transact business in	o" and check are submitted to register the			
Please return all correspondence concerning this matter to	the following:			
PAMELA A. JENNINGS				
Name of Per	son			
JENNINGS, STEINE & CO., CERTIFIED PUBLIC ACCOU	NTANTS, A PROFESSIONAL CORPORATION			
Firm/Company				
12100 WILSHIRE BLVD. #200				
Address				
LOS ANGELES, CA 90025				
City/State and I	Zip code			
E-mail address: (to be used for t	uture annual report notification)			
For further information concerning this matter, please call:				
PAMELA A. JENNINGS	478-4545			
Name of Person Area Code	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			
	STATE  8.75 Filling Fee &  S87.50 Filling Fee, entified 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.

( containable of	STEINE & CO., CERTIFIED PUBLIC ACCO corporation; must include "INCORPORATE Corp." "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	
	TEINE & CO.		
(If name unava	ilable in Florida, enter alternate corporate nam	e adopted for the	
2. CALIFORNIA	\	of to the purpose of transacting bus	iness in Florida)
(State or coun	try under the law of which it is incorporated)	95-4045718	
		(FEI number, if applical	ole)
(Dai	e of incorporation)	(Date of duration if other than	<del></del>
6.	(Date of incorporation)  (Date of duration, if other than perpetual)		erpetual)
	(Date first transacted business	in Florida, if prior to registration)	
. 12100 WILSHIE	(0.00 000 10143 007.1301 & 607.1	DUZ ES to determine annular to the second	
/	RE BLVD., #200. LOS ANGELES, CA 90025		
	(Principal of	fice street address)	· <del></del>
	(Current maili	ng address, if different)	
0 X1			~;
8. Name and stree	et address of Florida registered agent: (P.6	O. Box NOT acceptable)	021 .:
Name:	FELICE HALE-ZAHN	• ,	2021 H.S.R
Office Address;	13620 ALLYN DRIVE		7.79
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	III Dani	<del></del>	
	HUDSON	Florida 341067 (Zip code)	MII: 32
	(City)	(Zip code)	
9. Registered age		( 1, 1000)	် ယ္က
Having been nam	ed as registered neart and an	an of a	
designated in this	ed as registered agent and to accept service application, I hereby accept the appointmentally with the provisions of all statutes re	te of process for the above stated corpo	ration at the place
further agree to co	omply with the provisions of all statutes re with and accept the obligations of my pos	elative to the proper and complete no-t	t In this capacity, I
una i am jaminar	with and accept the obligations of my pos	ition as registered agent.	rmance of my duties,
_	Teluc Geleccione (Registered agent's sij	200	
10 Attachad is a a	•		
the Department of S	ertificate of existence duly authenticated, i State, by the Secretary of State or other off	not more than 90 days prior to delivery	of this application to
under the law of wh	State, by the Secretary of State or other officient it is incorporated.	icial having custody of corporate record	Is in the jurisdiction

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

A. DIRECTORS Name: JAMES D. JENNINGS Nema PAMELA A. JENNINGS □Chairman □ Chairman Address 12100 WILSHIRE BLVD. #200 Address: 12100 WILSHIRE BLVD. #200 □Vice Chairman □Vice Chairman LOS ANGELES, CA 90025 LOS ANGELES, CA 90025 Director **■** Director ■ President □ President ■Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Treasurer ☐ Other \_\_\_\_\_\_ Other \_\_\_\_ ☐ Other \_\_\_\_\_ Other\_\_\_ Name: JAMES D. JENNINGS Name: PAMELA A. JENNINGS ☐ Chairman □ Chairman □Vice Chairman Address: 12100 WILSHIRE BLVD. #200 12100 WILSHIRE BLVD. #200 □Vice Chairman Address: LOS ANGELES, CA 90025 □Director LOS ANGELES, CA 90025 □ Director ☐ President □ President OVice 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 □Vlœ 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 filling 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 13. PAMELA A. JENNINGS, Vice President/Director

(Typed or printed name and capacity of person signing application)



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

Entity Name: JENNINGS, STEINE & CO., CERTIFIED PUBLIC ACCOUNTANTS, A

PROFESSIONAL CORPORATION

File Number: C1375780 Registration Date: 05/29/1986

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of March 17, 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.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of March 18, 2021.

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

Certificate Verification Number: Z1KDMER

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>.