## 2100003331

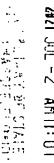
(Re	equestor's Name)		
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'JUL 09 2021 M. SOLOMON

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	ECT: CSIC Corporation			
		corporation	- must include suffix	
Dear S	Sir or Madam:			
"Certit	iclosed "Application by Foreign Corp ficate of Existence," or "Certificate of referenced foreign corporation to tran	Good Stand	ling" and check are subm	
Please	return all correspondence concerning	this matter	to the following:	
Louise	Van Aken			
	<del> </del>	Name of F	Person	
CSIC (	Corporation			
		Firm/Com	рапу	<del></del>
15938	Bernardo Center Drive			
	· · · · · · · · · · · · · · · · · · ·	Addre	SS	
San Di	ego, CA 92127			
	(	City/State an	id Zip code	
lyanak	en@csiccorp.net			
	E-mail address: (	to be used fo	or future annual report no	tification)
For fu	rther information concerning this matt	er, please ca	ill:	
Louise	Van Aken at	(619	550-8387	
	Name of Person	Area Code	Daytime Telepho	one 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		
Please i	ed is a check for the following amour make check payable to: FLORIDA DEP.  1.00 Filing Fee S78.75 Filing F  Certificate of S	ARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, 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.

CSIC CORPOR	RÁTION		
(Enter name of o	corporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	<del></del>
<del>cale coss</del>	CSIC Corporation Flori	δα	
(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting busine	ss in Florida)
California	3,	200344099	
(State or counts	3, ry under the law of which it is incorporated)	(FEI number, if applicable)	)
4	5.		
(Date	of incorporation) 5.	(Date of duration, if other than perp	etual)
6			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
7 15938 Bernardo	Center Drive San Diego, CA 92127		
	(Principal offic	ce <u>street</u> address)	
	(Current mailin	g address; if different)	
.8. Name and stree	et address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	282
Name:	InCorp Services, Inc.		· · · · · · · · · · · · · · · · · · ·
Office Address:	17888 67th Court North	<del></del>	
O (MOO TTAGEOUS)	Loxahatchee	33470	(A)
	(City)	, Florida (Zip code)	AMII: 0
		• • •	
9. Registered age	ent's acceptance: acd as registered agent and to accept service	re of process for the above stated cornor	—
designated in this	application, I hereby accept the appointm	ent as registered agent and agree to act	in this capacity. I
	omply with the provisions of all statutes re with and accept the obligations of my pos		rmance of my duties,
	Kelsie Stacy K.	elsie Stacy on behalf of InCorp Services, In	ıc.
	(Registered agent's si	gnature)	

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

under the law of which it is incorporated.

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

A. DIRECTORS							
□Chairman	Gary M Van Aken Jr	□Chairman	Name: David	L Vogel			
□Vice Chairman	Address: 21439 Trail Ridge Dr	□Vice Chairman	Address:				
□Director	Escondido, CA 92029	□Director	Carlsbad, CA 92008				
President	<u> </u>	□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					
Secretary	□Treasurer	Secretary		□Treasurer			
Other		□Other		□Other			
				2021			
□ Chairman	Name:	□ Chairman	Name:	à · · · · · · · ·			
☐ Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
☐Vice President		□Vice President		3m <u>=</u>			
☐ Secretary	□Treasurer	☐ Secretary		☐Treasurer			
□ 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.  Gary M Van	·	The constitu	a amo degit	to totally as provided for in			
13							



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

Entity Name: CSIC CORPORATION

File Number: C2562568
Registration Date: 10/22/2003

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of April 27, 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 April 29, 2021.

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

Certificate Verification Number: R4464WR

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>.



June 17, 2021

LOUISE VAN AKEN CSIC CORPORATION 15938 BERNARDO CENTER DRIVE SAN DIEGO, CA 92127

SUBJECT: CSIC CORPORATION Ref. Number: W21000088575

We have received your document for CSIC CORPORATION and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The alternate name selected for your corporation is not available in Florida. Please select a new alternate name that contains "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." You may make the corrections to the alternate name in the space provided in number one of the application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 421A00013600

Correction made

RECEIVED