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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500

: (702)900-2290 Fax Number

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

documents @incorp.com Email Address:__

FOREIGN PROFIT/NONPROFIT CORPORATION ATTAIN WIRELESS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Help

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COVER LETTER

	TO: Registration Section Division of Corporations					
	ATTAIN WIRELESS, INC.					
	SUBJECT: Name of corporation - must include suffix Dear Sir or Madam:					
	The enclosed "Application by Foreign Corporation for Authorization to Transact Business in "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to regis above referenced foreign corporation to transact business in Florida.					
	Please return all correspondence concerning this matter to the following:					
	Amanda Morehouse					
	Name of Person					
	InCorp Services, Inc.					
	Firm/Company					
	3773 Howard Hughes Pkwy. · Suite 500S					
	Address					
	Las Vegas, NV 89169-6014	ω				
	City/State and Zip code	PM 5:				
	documents@incorp.com					
	E-mail address: (to be used for future annual report notification)	. 01				
	For further information concerning this matter, please call:					
Amenda Mor	rehouse on behalf of InCorp Services, Inc. at 800-246-2677					
	Name of Person Area Code Daytime Telephone Number	r				
	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					
	Certificate of Status Certified Copy Certif) Filing Fee, icate of Status & ied Copy				

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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.

	ible in Florida, enter alternate corporate r	name adopted for the purpose of transacting	business in Florida)
California		d) (FEI number, if appl	
•	-		
08/06/2020		5. (Date of duration, if other the	
(Date	of incorporation)	(Date of duration, if other the	an perpetual)
Upon Filing			
200 È Bramor	•	ness in Florida, if prior to registration) 507.1502, F.S., to determine penalty liability	r)
300 \$ Promer	ade Ave, Corona, CA 92879	al office street address)	
	(Principa	al office street address)	
	(Current)	mailing address, if different)	<u>\</u>
3	1 1 CMi 1istand a mante	(DA Por NOT acceptable)	70
Name and street	et address of Florida registered agent: InCorp Services, Inc.	(P.O. Box NOT acceptable)	PH 5:
Name:	——————————————————————————————————————		5
ffice Address:	17888 67th Court North		9
	Loxahatchee	, Florida 33470 (Zip code)	
nce Address.	(City)	(Zip code)	
nce Address.		(Zip code)	

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.

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

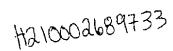
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		• •				
A. DIRECTORS Chairman	Name: Heather Wenk	□ Chairmun	Name:	sier		
		□Vice Chairman				
□Vice Chairman	Address: 300 S Promenade Ave		300 S Prome			
■ Director	Corona, CA 92879	Director	Corona, CA 92879			
President	· · · · · · · · · · · · · · · · · · ·	☐ President				—
□ Vice President		□Vice President				
☐Secretary	☐Treasurer	□ Secretary	□ Treasurer			
Other	Other	Chief Op	erating Officer	Other		
□Сђајпрар	Name: George Hulbert	□ Chairman	Name: Celina Frazier			
□Vice Chairman	Address:	□Vice Chairman	Address:	<u> </u>		
Director	300 S Promenade Ave	■Director	300 S Promenade Ave			
□President	Corona, CA 92879	☐ President	Corona, CA 92879			
□Vice President		□Vice President				
Secretary	■ Treasurer	☐ Secretary		□Tressurer		
Chief Financial Officer Other		Other Chief Exe	ecutive Officer	□Other	700	
				•	1 111	
□ Chairman	Name:	Chairman	Name:			يم . دو .
□Vice Chairman	Address:	□Vice Chairman	Address:	· .	3 	7.9
Director		□ Director			工 S	: 1
☐ President		☐ President		_ 4	56	_
			<u> </u>			
□Vice President		□Vice President				
Secretary	☐ Treasurer	☐ Secretary		Treasurer		
Other		Other		Other		
Important Notice: individuals make	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director of	ent of State Annual R	ed for reporting p	urposes only. N	Von-index	ed
The officer or dire	ctor signing this document (and who is listed in number alse information submitted in a document to the Depar	er 11 above) affirms to tment of State constit	hat the facts state utes a third degre	d herein are mu e folony as pro	e and that vided for	he or in

s.817.155, P.S.

13. Heather Wenk, President

(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:

ATTAIN WIRELESS, INC.

File Number: Registration Date: C4630495 08/06/2020

Entity Type:

DOMESTIC STOCK CORPORATION

Jurisdiction:

CALIFORNIA

Status:

ACTIVE (GOOD STANDING)

As of July 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 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 July 12, 2021.

SHIRLEY N. WEBER, Ph.D.

Secretary of State

Certificate Verification Number: YDPKN9Y

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.