(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
· ,				
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7/19/2021

NAME:

CDC SOLUTIONS, INC.

TYPE OF FILING: APPLICATION

COST:

78.75

RETURN: CERTIFIED COPY PLEASE

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AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

TO: Registration Section			
Division of Corporations			
SUBJECT: CDC Solutions, Inc.			
Name of	corporation - r	nust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to tran	f Good Standin		
Please return all correspondence concerning	this matter to	the following:	
JC Castellanos			
	Name of Per	rson	
Unisearch, Inc.			
	Firm/Compa	ny	
4 Venture, Suite 280	•		
	Address		
Irvinc, CA 92618			
	City/State and	Zip code	
caorders@unisearch.com			
E-mail address: (	to be used for	future annual report notification)	
For further information concerning this mat	ter, please call	;	
JC Castellanos	0.10	359-4228	
at	1()		
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section	Registration Section Registration Section		
Division of Corporations	•		
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
Tallahassee, FL 32303		rananassee, FL 32314	
Enclosed is a check for the following amoun			
Please make check payable to: FLORIDA DEP			
☐ \$70.00 Filing Fee ☐ \$78.75 Filing	Fee & 🗏 🖺 S	78.75 Filing Fee & 🔲 \$87.50 Filing Fee	

## 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.

CDC Solutions	, Inc.			
	corporation; must include "INCORPORATED," " corp.," "Inc.," "Co," or "Corp.")	COMPANY," "CORPORATIO	N,"	
(If name unavail	able in Florida, enter alternate corporate name add	pted for the purpose of transacti	ng business in Florida)	
Nevada	3.			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
January 17, 201	7 5.			
(Date of incorporation)		(Date of duration, if other than perpetual)		
•				
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) F.S., to determine penalty liabil	lity)	
1655 Chardonna	y Way, Saint Helena, CA 94574			
· <del></del>	(Principal office	street address)	<del>_</del>	
	(Current mailing a	ddress, if different)		
			202	
. Name and street	et address of Florida registered agent: (P.O. E	ox <u>NOT</u> acceptable)	2021 JUL	
Name:	Unisearch, Inc.	_	. 19	
ffice Address:	155 Office Plaza Drive	_	PH	
	Taltahassee		14:4:1	
	(City)	(Zip code)	. 7	

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

JC Castellanos
(Registered agent's signature)

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						
□ Chairman	Name: Cynthia Kee	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address: 1655 Chardonnay Way			
Director	Saint Helena, CA 94574	Director	Saint Helena, CA 94574			
□President		President				
☐Vice President		□Vice President				
☐ Secretary	☐ Treasurer	Secretary	Treasurer			
Other	Other	Other	Other			
☐Chairman ☐Vice Chairman ☐Director	Name: Cynthia Kee  1655 Chardonnay Way  Address: 1655 Chardonnay Way  Saint Helena, CA 94574	□Chairman □Vice Chairman □Director	Name: Cynthia Kee  1655 Chardonnay Way  Address: Saint Helena, CA 94574			
President		☐ President				
■Vice President		□Vice President				
☐ Secretary	Treasurer	<b>■</b> Secretary	□Treasurer			
□Other	Other	Other				
	Name:	□Chairman	Name:Address:			
□Director		□ Director	Audiess.			
President		□ President				
□Vice President		□ President				
Secretary	☐ Treasurer	Secretary	☐ Treasurer			
□Other	□Other	Other				
Important Notice: Use an anathement to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be titled to the index when filing your Florida Department of State Annual Report form.  12.  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						

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

13. Cynthia Kee, President

SECRETARY OF STATE



# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, CDC SOLUTIONS, INC., as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/17/2017, and is in good standing in this state.



Certificate Number: B202107161843136

You may verify this certificate online at <a href="http://www.nvsos.gov">http://www.nvsos.gov</a>

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/16/2021.

Barbara K. Cegavske

Secretary of State