

8/31/2021

Division of Corporations

F2100005038

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

Professionals Network Group, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

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TALLAHASSEE, FLORIDA

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STATE
FLORIDA

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9/1/21

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.
PROFESSIONALS NETWORK GROUP, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
California n/a
2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
12/16/1991 Perpetual
4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
n/a
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
15165 VENTURA BLVD. SUITE 425, SHERMAN OAKS CA 91403
7. _____
(Principal office address)
- _____ (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
NRAI Services, Inc.

Name:

1200 South Pine Island Road

Office Address:

Plantation,

33324

(City)

, Florida

(Zip code)

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.

NRAI Services, Inc.

By:

Kitty Vicars - Kitty Vicars - Assistant Secretary
(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.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

and Director: Lawrence Braun

Chairman:

15165 VENTURA BLVD. SUITE 425, SHERMAN OAKS CA 91403

Address:

Vice Chairman:

Address:

Peter Adeo

Director:

15165 VENTURA BLVD. SUITE 425, SHERMAN OAKS CA 91403

Address:

Steve Martini

Director:

15165 VENTURA BLVD. SUITE 425, SHERMAN OAKS CA 91403

Address:

B. OFFICERS

and CEO: Matthew Toledo

President:

15165 VENTURA BLVD. SUITE 425, SHERMAN OAKS CA 91403

Address:

Steve Martini

Vice President:

15165 VENTURA BLVD. SUITE 425, SHERMAN OAKS CA 91403

Address:

Peter Adeo

Secretary:

15165 VENTURA BLVD. SUITE 425, SHERMAN OAKS CA 91403

Address:

Steve Martini

Treasurer:

15165 VENTURA BLVD. SUITE 425, SHERMAN OAKS CA 91403

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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 s.817.155, F.S.

Matthew Toledo, CEO

13. _____

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



Secretary of State Certificate of Status

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

Entity Name: PROFESSIONALS NETWORK GROUP, INC.
File Number: C1804708
Registration Date: 12/16/1991
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of August 30, 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 August 31, 2021.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

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

Certificate Verification Number: Z7DDBLY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bizfile.sos.ca.gov/certification/index.