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(F	Requestor's Name)	
(<i>F</i>	Address)	
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(0	City/State/Zip/Phone #)	·
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	<u></u>
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Certified Copies	Certificates of	Status
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COVER LETTER

TO:	Registration Section Division of Corporations	
CIDI	JECT: Secured Marketing Concepts Corp	
SUDI	Name of Corporation – must include suffix	
Dear S	Sir or Madam:	
Affair	nclosed "Application by Foreign Not for Profit Corporation for Authorization to Condrs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submer the above referenced not for profit corporation to conduct its affairs in Florida.	
Please	e return all correspondence concerning this matter to the following:	
	Christopher Beard	
	Name of Person	222
	Secured Marketing Concept Corp	• ==
	Firm/Company	
	18351 Beach Blvd	2221 HOV 10 ANTI:
	Suite A	
	Address	0.
	Huntington Beach CA 92648	
	City/State and Zip Code	
	cbeard@pacific1lending.com	
	E-mail address: (to be used for future annual report notification)	
For fu	urther information concerning this matter, please call:	
Chris	stopher Beard 310 351-9441 at ()	
	Name of Person Area Code Daytime Telephone Num	ber
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 81Tallahassee, FL 32303	0
Please	Certificate of Status Certified Copy Certifi	Filing Fee, cate of Status & ed 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.

"Inc.," "Co.," '	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	o, company, condition,
Pacific One L	ending	
(If name unava	ilable in Florida, enter alternate corporate nar	ne adopted for the purpose of transacting business in Florida)
2		3. 20-3573471
(State or cour	try under the law of which it is incorporated)	(FEI number, if applicable)
4. Scoter	nber 20" 2005	Perpetual 5.
(Da	te of incorporation)	(Date of duration, if other than perpetual)
7	vd. SteA Huntington	Mice street address)
SAME		_
SAME	(Current mai	ing address, if different)
	(Current mai	
	·	O. Box NOT acceptable)
8. Name and str	eet address of Florida registered agent: (P	O. Box NOT acceptable)
8. Name and stra	e <u>et address</u> of Florida registered agent: (P Registered Agents Inc.	O. Box NOT acceptable)

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.

(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	$\mathcal{L} = \{ x_i, y_i \in \mathcal{L} \mid x_i \in \mathcal{L} \}$			
⊯ Chairman	Matthew W. Deweese Name:	⊠ Chairman	Name: Christopher N. Beard	
□Vice Chairman	Address:	El Vice Chairman	Address:	
聞Direct or	Huntington Beach, CA, 92648	園 Director	Huntington Beach, CA, 92648	
■ President		□President		
□Vice President	(CEO) /	■ Vice President	(CFO,	
DSecretary	□Treasurer	■ Secretary	· Treasurer	
□Other		□ Other	□Other	
□ Chairman	Name: Mario Y. Hernandez 9851 Bolsa Ave, Spc 92	□ Chairman	Name: Frank D. Corvantes 16282 E. Main St. Apt 34B	
	Address:	□ Vice Chairman	Address:	
Director		□Director		
□President		□President		
□Vice President	4.55.	□Vice President		
□ Secretary	□Treasurer	☐ Secretary CCO	El Treasurer El Other	
COO	□Other	CCO Other	[]Other	
			· 25	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		□Director	= = = = = = = = = = = = = = = = = = = =	:
□President		□President	ن ن ن	
∐Vice President		□Vice President		
UlSecretary	Cl Treasurer	□Secretary	☐ Treasurer	
□Other	□ Other	[]Other	[[Other	
individuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Departme	nt of State Annual Re	εμοτ1 form.	
12. Christopher	Beard Signature of Director o			
	Signature of Director o	r Officei		
she is aware that fa s.817.155, F.S	ctor signing this document (and who is listed in number dise information submitted in a document to the Depart	(11 above) affirms the ment of State constitu	nat the facts stated herein are true and that ites a third degree felony as provided for	; he or in
13. Christopher	Beard Director / CFO / Secretary			

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SECURED MARKETING CONCEPTS CORP." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-WINTH DAY OF

SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SECURED MARKETING CONCEPTS CORP." WAS INCORPORATED ON THE TWENTIETH DAY OF SEPTEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2321 NOV 10 ATTICO



Authentication: 204268375

Date: 09-29-21

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SR# 20213356837