

F220000000004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

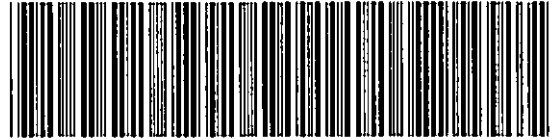
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED 2021 DEC 22 AM 10:28 TALLAHASSEE, FL

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2021 DEC 22 AM 10:28
TALLAHASSEE, FL

S. ROBERTS

DEC 22 2021

Michael D. Pogue

Attorney | Managing Attorney

P.O. Box 3020

Sun Valley, ID 83353

208.290.9000 | mpogue@gravislaw.com

December 21, 2021

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

***Application By Foreign Corporation For
Authorization To Transact Business In Florida***

Dear Sir or Madame:

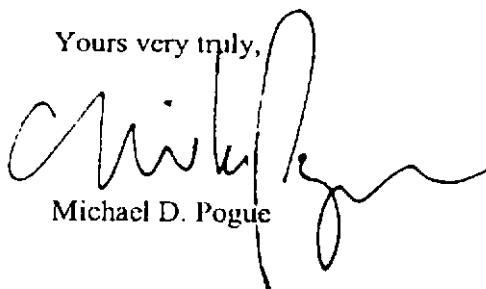
Enclosed for immediate filing is the *Application By Foreign Corporation For Authorization To Transact Business In Florida* for Rexford Capital Partners, Inc.

Enclosed is a check for \$70.00. Also enclosed is the Certificate of Existence for Rexford Capital Partners, Inc., an Idaho corporation.

I note that Florida requires "an original certificate of existence." The Idaho Secretary of State does not issue "wet signature" or "raised-seal" certificates of existence, and has not done so for a number of years. The validity of the enclosed certificate can be confirmed by visiting the Secretary of State web page: <https://sosbiz.idaho.gov/verifycertificate>, and inserting the Verification #: 015577626, reflected on the certificate.

It is requested that this application be processed as soon as possible. Please call me if you have any questions or would like to discuss this further. Thank you.

Yours very truly,



Michael D. Pogue

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REXFORD CAPITAL PARTNERS, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael Pogue

Name of Person

Gravis Law, PLLC

Firm/Company

PO Box 3020

Address

Sun Valley, ID 83353

City/State and Zip code

mpogue@gravislaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Pogue

at (208) 290.9000

Name of Person

Area Code

Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 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.*

1. REXFORD CAPITAL PARTNERS, INC.

(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)

2. Idaho

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 10/30/2008

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. Not yet transacted business

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 649 SUN VALLEY ROAD KETCHUM, ID 83340

(Principal office street address)

PO BOX 6 SUN VALLEY, ID 83353

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

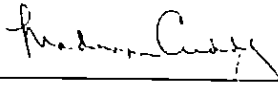
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9. Registered agent's acceptance:

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.



(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.

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

A. DIRECTORS

☐ Chairman Name: Laurrine C. McGowan
☐ Vice Chairman Address: PO Box 6, Sun Valley, ID 83353
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

12. Laurrine McGowan
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.

13. Laurrine McGowan
(Typed or printed name and capacity of person signing application)



STATE OF IDAHO

Lawrence Denney | Secretary of State

Business Office

450 North 4th Street

PO Box 83720

Boise, ID 83720

December 16, 2021

Request Type: Certificate of Existence/Filing

Request #: 0004533984

Receipt #: 000585984

Issuance Date: 12/16/2021

Copies Requested: 0

Regarding: REXFORD CAPITAL PARTNERS, INC.

Filing Type: General Business Corporation (D)

Formation/Qualification Date: 10/30/2008

Status: Active-Good Standing

Duration Term: Perpetual

File #: 546345

Formation Locale: IDAHO

Inactive Date:

Certificate of Existence

I, Lawrence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

REXFORD CAPITAL PARTNERS, INC.

is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above.

A handwritten signature in black ink, appearing to read "Lawrence Denney".

Lawrence Denney

Idaho Secretary of State

Processed By: Business Division

Verification #: 015577626