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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Ony) State Elph Fhorle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

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S. HAWKES

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 364151 4328334
AUTHORIZATION: Spullenan
COST LIMIT : \$ 70.00
ORDER DATE : January 5, 2022
ORDER TIME : 2:12 PM
ORDER NO. : 364151-005
CUSTOMER NO: 4328334
**-
FOREIGN FILINGS
NAME: TITLE LOCK CORPORATION
XXXX QUALIFICATION (TYPE: CO)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

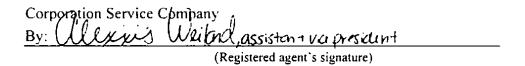
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	g business in Florida)
CALIFORNIA 2.	3.	47-2672690	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
DECEMBER 12, 2014		PERPETUAL	
4		than perpetual)	
5 .			
7	(SEE SECTIONS 607.1501 & 607.15 UFF DRIVE, SUITE 400. SAN DIEGO. CA 9	2130 pal office address)	
	(Current maili	ng address, if different)	
	et address of Florida registered agent: (P.C Corporation Service Company	O. Box <u>NOT</u> acceptable)	
Name:	1201 Hays Street		(II
		32301	7.5. 7.0.4 7.0.4
Name: Office Address:	Tallahassee (City)	32301 , Florida(Zip code)	WHO: 40

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.



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

A. DIRE	CCTORS HARISH K. CHOPRA
	12636 HIGH BLUFF DRIVE, SUITE 400
	SAN DIEGO, CA 92130
Vice Chair	N/A rman:
Address:	
_	
Director:	N/A
Address:	
-	
	N/A
Address:	
,	
B. OFFI	CERS HARISH K. CHOPRA
	12636 HIGH BLUFF DRIVE, SUITE 400
	SAN DIEGO, CA 92130
Vice Presid	dent:
Secretary:	HARISH K. CHOPRA
-	12636 HIGH BLUFF DRIVE, SUITE 400, SAN DIEGO, CA 92130
Treasurer:	HARISH K. CHOPRA
Address: _	12636 HIGH BLUFF DRIVE, SUITE 400, SAN DIEGO, CA 92130
,	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
The office are true at a third de	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155, F.S. ISH K. CHOPRA, PRESIDENT



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

Entity Name: TITLE LOCK CORPORATION

File Number: C3733156 Registration Date: 12/12/2014

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of January 5, 2022 (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 January 6, 2022.

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

Certificate Verification Number: RA6DM9Z

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.