Plority Department of state
Division of Corporation

Division of Corporation

Division of Corporation

Division of Corporation

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000075740 3)))



H220000757403ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

*Enter the email address for this business entity to be used for fut Aex annual report mailings. Enter only one email address please.**	To:				
Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996 *Enter the email address for this business entity to be used for futface annual report mailings. Enter only one email address please.** Email Address:		Division of C	Corporations		
Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996 *Enter the email address for this business entity to be used for futface annual report mailings. Enter only one email address please.** Email Address: Corporation SYSTEM Corporati		Fax Number	: (850)617-6383		
Account Number: FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996 *Enter the email address for this business entity to be used for futffer annual report mailings. Enter only one email address please.** Email Address:	From:				
Phone : (954)208-0845 Fax Number : (614)573-3996 **Enter the email address for this business entity to be used for futurate annual report mailings. Enter only one email address please.** Email Address:		Account Name	: C T CORPORATION SYSTEM	-4	~
Phone : (954)208-0845 Fax Number : (614)573-3996 *Enter the email address for this business entity to be used for futurate annual report mailings. Enter only one email address please.** Email Address:		Account Numbe	r : FCA00000023	≥S	2
*Enter the email address for this business entity to be used for futified annual report mailings. Enter only one email address please.** Email Address: ORDER ORDER					
*Enter the email address for this business entity to be used for futffee annual report mailings. Enter only one email address please.** Email Address:		Fax Number	: (614)573-3996	华高	<u> </u>
Email Address:				PSR supplies	128
Email Address:	*Enter	the email addre	ess for this business entity to	be used for fulphes	
Email Address:	ani	nual report mai	lings. Enter only one email ad	· -/·	2
RAT OFF	_				
Orn. (. Em	ail Address:		 유항	بب
- FOREIGN PROFIT/NONPROFIT CORPORATION				36	
FUREIGN FROFIT/HODI ROTH CORLORATION				ν. Μαρι (1717) Ναρι	
		PADEICS: DI	BATIT/NANDDARIT CADI	71 132 3 1 11 16S	

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

From: Lexus Wingo

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.

	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	(,"
(If name unavail)	able in Florida, enter alternate corporate name add	opted for the purpose of transacting	ig business in Florida)
California		i-4465932	
2. (State or countr	y under the law of which it is incorporated)	(FEI number, if ap	plicable)
	-		
4(Date	of incorporation) 5	(Date of duration, if other	than perpetual)
5.	·		
7. 475 Anton Blvd.	(SEE SECTIONS 607.1501 & 607.1502 Costa Mesa, CA 92626 (Principal office		ity)
	(Current mailing	address, if different)	SECRE L
8. Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	FEB 28 PRE JARY
	C T Corporation System		RY O
Name:	1000 C. St. Dist. Talend Dised		
	1200 South Pine Island Road		1 (3)
Name: Office Address:	Plantation	FL 33324	3: 56 STATE LORID

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.

C.T. Corporation System

By: Sharry McGinnes, 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.

To: +18506176383 Page: 5 of 7 2022-02-28 08:32:39 CST 12122023573 From: Lexus Wingo

A. DIRECTORS			leff Chayla
	Name: Craig Boundy	II Chairman	Name:
□ Vice Chairman	Address:	□Vice Chairman	Address:
□Director	Costa Mesa CA 92626	∃ Director	Costa Mesa, CA 92626
□President		□President	
□ Vice President		∃Vice President	
□Secretary	Treasurer	ElSecretary	☐'Treasurer
□Other	□ Other	□Other	Other
□ Chairman	Name: Ty Taylor	⊒ Chairman	Name: 475 Anton Blyd.
□ Vice Chairman	Address:	□Vice Chairman	Address:
Director	Costa Mesa, CA 92626	Director	Costa Mesa, CA 92626
		□President	
□ Vice President		■ Vice President	
□Secretary	☐Treasurer	□Secretary	□Treasurer
□Other		口Other	
□Chairman	Name:	II Chairman	Darryl Gibson Name:
□ Vice Chairman	Address: 475 Anton Blvd.	□Vice Chairman	Address: 475 Anton Blvd.
□Director	Costa Mesa, CA 92626	■Director	Costa Mesa, CA 92626
ClPresident		ZIPresident	
□Vice President		Divice President	
⊞ Secretary	☐'f'reasurer	DiSecretary	□Treasurer
□Other	Other	□Other	Other
	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Department.		
12.	Signature of Director of	½	
The officer or direct	Signature of Director of Signature of Director of Signing this document (and who is listed in number also information submitted in a document to the Depart	er 11 above) affirms th	

13. Jeff Shotts, Treasurer

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

To: +18506176383 - Page: 6 of 7 2022-02-28 08:32:39 CST 12122023573 From: Lexus Wingo

Attachment for:

Application by Foreign Corporation for Authorization to Transact Business in Florida

Applicant: Consumerinfo.com, Inc.

Section 11. Officers and Directors

Title	Name	Address
Assistant Treasurer	Maryam Damavandi	475 Anton Blvd. Costa Mesa CA 92626
Assistant Treasurer	Tatjana Mitchell	475 Anton Blvd, Costa Mesa CA 92626
Assistant Secretary	Tom Le	475 Anton Blvd, Costa Mesa CA 92626

To: +18506176383 Page: 7 of 7 2022-02-28 08:32:39 CST 12122023573 From: Lexus Wingo



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

Entity Name: CONSUMERINFO.COM, INC.

File Number: C1828996 Registration Date: 05/24/1993

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of February 24, 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 February 25, 2022.

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

Certificate Verification Number: ZN24PMR

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.