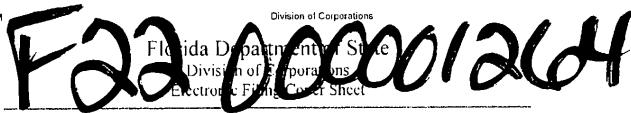
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

Email Address:__

From: Lexus Wingo

FOREIGN PROFIT/NONPROFIT CORPORATION ProSites, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
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S. HAWKES FEB _ = 2021

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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.

ProSites, h	nc.				
(Enter name "Inc.," "Co.	e of corporation; must include "INCORPORATED " "Corp." "Inc." "Co." or "Corp.")	o," "COMPAN"	Y," "CORPORATION,"		
Prosites De	enia!, Inc.				
(If name un	available in Florida, enter alternare corporate name	e adopted for th	e purpose of transacting t	business in Florida)	
_ California	•	7a - 0055892			
(State or c	country under the law of which it is incorporated)	(FEI number, if applicable)			
06/23/2001	:				
**·	[Date of incorporation] 5	5. (Date of duration, if other than perpetual)			
6.					
0	(Date first transacted business (SEE SECTIONS 607,1501 & 607,)	
38977 Sky	Canyon Drive Suite 200, Murrieta, CA 92563				
<i>'</i>	(Principal o	ffice street addr	ress)	· · · · · · · · · · · · · · · · · · ·	
38977 Sky	Canyon Drive Suite 200, Murrieta, CA 92563			~ 1	
	(Current mai	ling address, if o	lifferent)	,	
					. ,
8. Name and	l street uddress of Florida registered agent: (P	O. Box NOT	_acceptable)		** ** 3
Nan	ne: CT Corporation System				<u> </u>
Office Addre	1200 South Pine Island Road				
Office Address.	Plantation	FL	33324	2: 00 31.16 31.16	
	(City)	•	(Zip code)	1-1	
Having heen designated li further agre	ed agent's acceptance: In named as registered agent and to accept ser In this application, I hereby accept the appoint I to comply with the provisions of all statutes I miliar with and accept the obligations of my p	itinent as regis s relative to the position as reg	stered agent and agree e proper and complete ristered agent.	e to act in this capa	city. I
	By: You'd Await (Registered agent's	s signature)			
10. Attached	d is a certificate of existence duly authenticate			livery of this applica	ation 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):

From: Lexus Wingo

A. DIRECTORS			C. Lindan		
_iChairman	Name:	□Chairman	Name: Steve Lindon Address: 38977 Sky Canyon Drive Ste 200		
□Vice Chairman	Address:	□Vice Chairman			
□Director	Murrieta, CA 92563	Director	Murrieta, CA 92563		
□President		□ President			
□Vice President		■ Vice President			
☐ Secretary	□ Treasurer	ElSecretary	☐'I reasurer		
EOther CEO		□Other	□Other		
□ Chairman	Liezt Wakeling	□Chuirman	Rrian Hennelin		
□Vice Chairman	38977 Sky Canyon Drive Ste 200 Address:	□Vice Chairman	Address: Sky Canyon Drive Ste 200		
□ Vice Chairman. □ Director	Murrieta, CA 92563	□Director	Murrieta, CA 92563		
□President					
□Vice President	The second secon	□ Vice President			
□ Secretary	Treasurer	Secretary	[] Treasurer		
€Other	□Other	Other	☐ Other		
	Spencer Hughes Name:	□Chuirman	Name;		
□Chairman □Vice Chairman	38977 Sky Canyon Drive Ste 200 Address:	_	Address:		
Director	Murrieta, CA 92563	Director			
□President		□President			
□Vice President		□ Vice President			
@Secretary	□Treasurer	□ Secretary	☐Treasurer		
□Other	-	Other	⊡Other		
Important Notice: individuals may be	Use an attachment to report more than six (6). The at a added to the index when filing your Florida Department	mate Annual K	eport form.		
12.	Signature of Director	or Officer			
The officer or dire she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in numbalse information submitted in a document to the Department to the	her 11 above) aifirms t	hat the facts stated herein are true and that he or utes a third degree felony as provided for in		
13. Liezl Wakel	ing, CFO (Typed or printed name and capacity of po	rson signing application	n)		
	(1) bed of brunes frame and cabacity of bo	ran arbuing approactor	•		

To: +18506176383 Page: 6 of 6 2022-03-02 12:20:50 CST 12122023573 From: Lexus Wingo



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

Entity Name: PROSITES, INC.

File Number: C2541814 Registration Date: 06/23/2003

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of December 20, 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 pencing 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 December 21, 2021.

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

Certificate Verification Number: RXPVJ5Z

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