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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

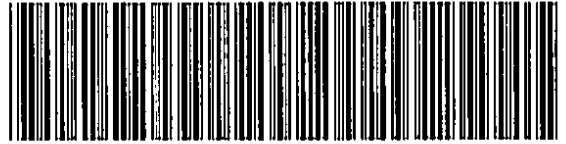
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations
American Pacific Financial Services Corp. (APFSC)

SUBJECT: _____
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:
Stephanie Assali

Name of Person
American Pacific Financial Services Corp. (APFSC)

Firm/Company
30021 Tomas St Ste 300

Address
Rancho Santa Margarita CA 92388

City/State and Zip code
documents@incorp.com

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

For further information concerning this matter, please call:

Stephanie Assali on behalf of American Pacific Financial
Services Corp. (APFSC) at

800-682-4007

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.

American Pacific Financial Services Corp. (APFSC)

1. _____
(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)
California

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Filing _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
30021 Tomas St Ste 300 Rancho Santa Margarita CA 92688

7. _____
(Principal office street address)

(Current mailing address, if different)

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

Name: _____

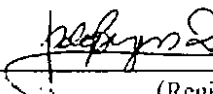
Office Address: 17888 67th Court
North Loxahatchee, Florida 33470
(City) (Zip code)

2022 APR 22 AM 7:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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) Isabel Burgos on behalf of Incorp Services, Inc.

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]:

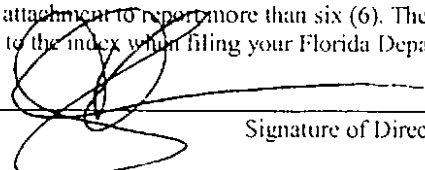
A. DIRECTORS

<input type="checkbox"/> Chairman	Name: <u>Stephanie Assali</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>30021 Tomas St Ste 300</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	<u>Rancho Santa Margarita</u>	<input type="checkbox"/> Director	_____
<input checked="" type="checkbox"/> President	<u>Stephanie Assali</u>	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input checked="" type="checkbox"/> Secretary	<u>George Anderson</u>	<input type="checkbox"/> Secretary	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Treasurer	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____

<input type="checkbox"/> Chairman	Name: <u>George Anderson</u>	<input type="checkbox"/> Chairman	Name: _____
<input checked="" type="checkbox"/> Vice Chairman	Address: <u>30021 Tomas St Ste 300</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	<u>Rancho Santa Margarita</u>	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	<u>CA 92688</u>	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	_____	<input type="checkbox"/> Secretary	_____
<input type="checkbox"/> Treasurer	_____	<input type="checkbox"/> Treasurer	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____

<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	_____	<input type="checkbox"/> Secretary	_____
<input type="checkbox"/> Treasurer	_____	<input type="checkbox"/> Treasurer	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> 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.  _____
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.17.155, F.S.

13. Stephanie Assali _____
(Typed or printed name and capacity of person signing application)



Secretary of State Certificate of Status

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

Entity Name: AMERICAN PACIFIC FINANCIAL SERVICES CORP. (APFSC)
File Number: C4069980
Registration Date: 09/28/2017
Entity Type: DOMESTIC NONPROFIT CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of January 26, 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 27, 2022.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

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

Certificate Verification Number: REX8XAZ

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