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COVER LETTER

TO:	Registration Section Division of Corporations			
SHRJ	ECT: A. G. HOLDINGS CORPORATI	ON		
(, (, 1),		orporation -	must include suffix	
Dear S	iir or Madam:			
"Certif	iclosed "Application by Foreign Corpolicate of Existence," or "Certificate of Greferenced foreign corporation to trans	Good Stand	ing" and check are submitted to	
Please	return all correspondence concerning t	his matter t	o the following:	
SCOT	T LINDOW			
		Name of P	erson	L*** L 18
A. G. I	HOLDINGS CORPORATION			
		Firm/Comp	any	
РО ВО	X 1627			
		Addres	S	· · · · · · · · · · · · · · · · · · ·
теме	CULA, CA 92593-1627			
	С	ity/State and	l Zip code	
OFFIC	ESERVICES@TURFDISTRIBUTORS.C	OM		
	E-mail address: (to	be used fo	r future annual report notification	on)
For fu	ther information concerning this matte	r, please ca	и:	
SCOT"	f LINDOW	951	216-7280	
	Name of Person	Area Code	Daytime Telephone Nur	mber
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRES Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	ns
Please i	ed is a check for the following amount make check payable to: FLORIDA DEPA .00 Filing Fee S78.75 Filing Fe Certificate of St	RTMENT (\$78.75 Filing Fee & Certified Copy Ce	7.50 Filing Fee, ertificate of Status & ertified 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.

2. CALIFORNIA (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 42505 RIO NEDO, TEMECULA, CA 92590 (Principal office street address) PO BOX 1627, TEMECULA, CA 92593-1627 (Current mailing address, if different) Name: DILLON GEORGIAN Office Address: DILLON GEORGIAN DILLON GEORGIAN DILLON GEORGIAN Elorida TO TO THE PROPERTY OF	(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	usiness in Florida)	
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) Name: DILLON GEORGIAN	<u>. </u>				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 42505 RIO NEDO, TEMECULA, CA 92590 (Principal office street address) PO BOX 1627, TEMECULA, CA 92593-1627 (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: DILLON GEORGIAN DILLON GEORGIAN 2045 BISCAYNE BLVD #331	03/28/2013	y under the law of which it is incorporated) 5.	(FEI number, if applied		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 42505 RIO NEDO, TEMECULA, CA 92590 (Principal office street address) PO BOX 1627, TEMECULA, CA 92593-1627 (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: DILLON GEORGIAN DILLON GEORGIAN 2045 BISCAYNE BLVD #331	(Date	of incorporation)	(Date of duration, if other than perpetual)		
(Principal office street address) PO BOX 1627, TEMECULA. CA 92593-1627 (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: DILLON GEORGIAN DILLON GEORGIAN 2045 BISCAYNE BLVD #331	, 42505 RIO NEDO	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: DILLON GEORGIAN 2045 BISCAYNE BLVD #331		(Principal of	fice street address)		
Name: DILLON GEORGIAN Office Address: DISCAYNE BLVD #331 DISCAYNE BLVD #331 DISCAYNE BLVD #331	PO BOX 1627, T			<u>S</u>	
Office Address: MIAMI Florida 33137		<u>t address</u> of Florida registered agent: (P.t		12	
MIAMI Florida 33137	Office Address:	2045 BISCAYNE BLVD #331		1.08/2	
		MIAMI	. Florida 33137	関語が	
(City) (Zip code)		(City)			

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

under the law of which it is incorporated.

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

A. DIRECTORS			
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address: 42505 RIO NEDO	□Vice Chairman	Address: PO BOX 1627
□Director	TEMECULA, CA 92590	Director	TEMECULA, CA 92593-1627
■President		□President	
□Vice President		□Vice President	
□Secretary	Treasurer	■ Secretary	□Treasurer
□Other	☐Other	Other	□Other
□Chairman	Name;	□Chairman	Name:
□Vice Chairman	Address:	— □Vice Chairman	Address:
□Director		Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	☐Treasurer
□Other	Other	□Other	□Other
□Chairman	Name:	□Chairman	Name:
	Address:		Address:
Director	Addiess	□ Director	Address.
□President		□President	
□Vice President		□Vice President	
□ Secretary	□Treasurer	□Secretary	□Treasurer
□Other		□Other	Other
individuals may be	Ise an attachment to report more than \$1x (6). The at added to the index when filing your Florida Departr	tachment will be imaged ment of State Annual Re	I for reporting purposes only. Non-indexed port form.
12	Signature of Director	r or Officer	
she is aware that fa s.817.155, F.S.	tor signing this document (and who is listed in numl lse information submitted in a document to the Depa	ber 11 above) affirms th	at the facts stated herein are true and that he or tes a third degree felony as provided for in

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



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

Entity Name:

A. G. HOLDINGS CORPORATION

Entity No.: Registration Date: 03/28/2013

3557235

Entity Type:

Stock Corporation - CA - General

Formed In:

CALIFORNIA

Status:

Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all 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 date of this certificate and does not reflect documents that are pending review or other events that may impact 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 May 02, 2022.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 008421626

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.