

F220000004358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

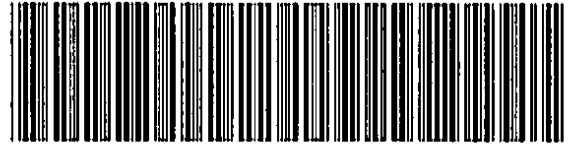
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000390036110

06/27/22--01044--007 **70.00

FILED
2022 JUN 27 AM 6:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONTINENTAL CURRENCY SERVICES, INC.

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:

GLORIA LEON

Name of Person

CONTINENTAL CURRENCY SERVICES, INC.

Firm/Company

1108 E. 17TH STREET

Address

SANTA ANA, CA 92701

City/State and Zip code

GLEON@CCURR.COM

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

For further information concerning this matter, please call:

GLORIA LEON

at (714) 667-6628

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

2022 JUN 27 AM 6:23
SECRET
TALLAHASSEE, FLORIDA

FILED

**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.*

1. CONTINENTAL CURRENCY SERVICES INC.

(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)

2. CALIFORNIA

(State or country under the law of which it is incorporated)

3. 95-3252081

(FEI number, if applicable)

4. 06/30/1977

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. TBD

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1108 E. 17TH STREET, SANTA ANA, CA 92701

(Principal office street address)

SAME AS ABOVE

(Current mailing address, if different)

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

Name: CORPORATION SERVICE COMPANY

Office Address: 1201 HAYS STREET

TALLAHASSEE, Florida 32301

(City) (Zip code)

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.

Judith Ray

(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. **ATTACHED.**

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

FILED
2022 JUN 27 AM 6:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

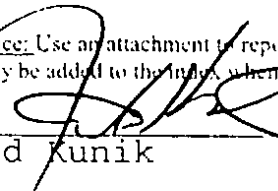
A. DIRECTORS

| | | | |
|---|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Chairman | Name: <u>FRED KUNIK</u> | <input type="checkbox"/> Chairman | Name: _____ |
| <input type="checkbox"/> Vice Chairman | Address: <u>1108 E. 17th Street</u> | <input type="checkbox"/> Vice Chairman | Address: _____ |
| <input checked="" type="checkbox"/> Director | <u>Santa Ana, CA</u> | <input type="checkbox"/> Director | _____ |
| <input checked="" type="checkbox"/> President | <u>92701</u> | <input type="checkbox"/> President | _____ |
| <input type="checkbox"/> Vice President | _____ | <input type="checkbox"/> Vice President | _____ |
| <input checked="" type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | | | |
|--|--------------------------------------|---|--------------------------------------|
| <input checked="" type="checkbox"/> Chairman | Name: <u>IRVING BARR</u> | <input type="checkbox"/> Chairman | Name: _____ |
| <input type="checkbox"/> Vice Chairman | Address: <u>9601 Collins Ave.</u> | <input type="checkbox"/> Vice Chairman | Address: _____ |
| <input type="checkbox"/> Director | <u>Unit 306</u> | <input type="checkbox"/> Director | _____ |
| <input type="checkbox"/> President | <u>Bal Harbour, FL</u> | <input type="checkbox"/> President | _____ |
| <input type="checkbox"/> Vice President | <u>33154</u> | <input type="checkbox"/> Vice President | _____ |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Secretary | <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"/> Treasurer | <input type="checkbox"/> Secretary | <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. Fred Kunik  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.817.155, F.S.

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



Secretary of State Certificate of Status

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

| | |
|---------------------------|-------------------------------------|
| Entity Name: | CONTINENTAL CURRENCY SERVICES, INC. |
| Entity No.: | 0820404 |
| Registration Date: | 06/30/1977 |
| 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 June 14, 2022.

A handwritten signature in black ink, appearing to read "S. N. Weber", is written over a horizontal line.

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

Certificate No.: 021591825

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.