## Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6383

Please keep original file date of 6/2/2022.

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

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

Email:	Address:			
Email.	Address:			

## FOREIGN PROFIT/NONPROFIT CORPORATION Wheaten Financial, Inc.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

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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.

Wheaten Financ	ial, Inc.			
	orporation; must include "INCORPORATED." orp," "Inc," "Co," or "Corp.")	"COMPANY." "CORPORATION	Ν,"	
(If name unavails	ible in Florida, enter alternate corporate name a	dopted for the purpose of transacting	g business in Florida)	
California	3	26-2602949		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
05/12/2008	5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
5 4/2022				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		ity)	
	18242 McDurmott West, Suite E. Irvine	e, CA 92614		
	(Principal offic	e <u>street</u> address)	-	
			<b>2</b>	
	(Current mailing	gaddress, if different)	922 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name and street	<u>et address</u> of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	JUN -2	
Name:	C T Corporation System	_ <del>_</del>	<b>3</b>	
ffice Address:	1200 South Pine Island Road	<u></u>		
			<del></del> വ	
	Plantation	F1. 33324	-	

## 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.

By: Alfred Younan

Registered agent Segration System

Registered agent Segration Secretary

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.

A. DIRECTORS				
□ Chairman	Name:	□Chairman □Vice Chairman ■Director	Name: Shane Barlow 200 Summit Drive, Suite 100 Address:	
□Vice Chairman	Address: 200 Summit Drive, Suite 100			
Director	Burlington, MA 01803		Burlington, MA 01803	
□President		□President		
. I Vice President		□Vice President		
□ Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other			□Other	
		·		
□Chairman	Name:	☐Chairman	Name: Lawrence J. Haverty, HI	
	Address: 200 Summit Drive, Suite 100	□Vice Chairman	Address: 200 Summit Drive, Suite 100	
<b>⊡</b> Director	Burlington, MA 01803	□Director	Burlington, MA 01803	
□President		⊞President		
		□Vice President		
	_	□ Secretary	□Treasurer	
□ Secretary	□Treasurer	•		
□Other	□Other	□Other	Other	
	Shane Barlow Name:	□Chairman	Name: Alycia Kenney Montero	
□ Chairman	Address: 200 Summit Drive, Suite 100	□ Chairman	Address: 200 Summit Drive, Suite 100	
	Burlington, MA 01803		Burlington, MA 01803	
Director		□Director		
□President		□President		
□Vice President		■Vice President		
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer	
CFO ŒOther	□Other	□Other	Other	
individuals may b	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department Lycia Kenney Montero  Signature of Director of	int of State Annual R	eport form.	
	Signature of Director of	or Officer		
The officer or dire	ector signing this document (and who is listed in numbe false information submitted in a document to the Depart	r 11 above) affirms t	hat the facts stated herein are true and that he or	
s.817.155. F.S.				
	ney Montero, Vice President (Typed or printed name and capacity of personal contents)			



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

Entity Name: WHEATEN FINANCIAL, INC.

Entity No.: 3084724 Registration Date: 05/12/2008

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 July 08, 2022.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 027995636