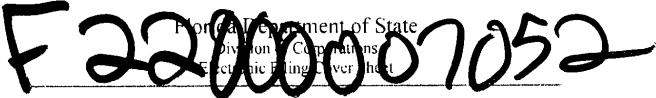
From: David Thomas

10/11/22, 11:53 AM

Division of Corporations



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Account Name : C T CORPORATION SYSTEM

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

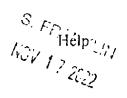
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FOREIGN PROFIT/NONPROFIT CORPORATION MEREDIAN INC

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From: David Thomas

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. Meredian Inc	:				
	orporation; must include "INCC orp," "Inc," "Co," or "Corp.")	RPORATED," "CON	1PAN	y," "CORPORATION,"	
Meredian (F	L) Inc				
(If name unavail	able in Florida, enter alternate co	orporate name adopted	for th	e purpose of transacting business	in Florida)
2. California		3 46-379	(FFI number if applicable)		
	y under the law of which it is in	corporated)		(FEI number, if applicable)	
4. 8/2/2013		5.			
(Date	of incorporation)		(Dat	e of duration, if other than perpet	ual)
6					
		cted business in Florida			·~.
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7 27201 PUERTA REAL, # 300 MISSION VIEJO, CA 92691					
7. 272011 OERIA	REAL, # 300 MISSION VIESO	(Principal office street	e odde	atc)	- <u>-</u> <u>-</u> <u>-</u>
		(r interpar office street	ī audi	· · · · · · · · · · · · · · · · · · ·	
	,	(Current mailing addre	ss. if d	ifferent)	<i>ن</i>
	·	(,	,	<u> </u>
8. Name and stree	et address of Florida registere	ed agent: (P.O. Box	NOT	acceptable)	2721" - 15 F310: 07
Name:	C T Corporation System	· ·		. ,	1
name:	1200 South Pine Island Road				
Office Address:	1200 South File Island Road	L			
	Plantation	1	FL	33324	
	(City)			(Zip code)	
designated in this further agree to c	ed as registered agent and to application, I hereby accept	the appointment as all statutes relative	regis to the	s for the above stated corpora tered agent and agree to act i proper and complete perforn istered agent,	n this capacity. $oldsymbol{I}$
I	C T Corporation System 3y:	CHARANIACAL	C Asol	Introline Kelm stant Secretary	
	·	ered agent's signature)		
10. Attached is a	certificate of existence duly a	uthenticated, not mo	ore tha	an 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]:

Page: 5 of 6

A. DIRECTURS		* *		·		
□Chairman ·	Name:	□Chairman	Name:	<u> </u>		
□Vice Chairman	Address: 2767 Hillview Dr	□Vice Chairman	Address:			
□Director	Newport Beach CA 92618	Director				
■President		□President				
□ Vice President		□Vice President	· .	 		
Secretary	□Treasurer	Secretary		Treasurer		
Other	Other	Other	 	□ Other		
•			• • • • • • • • • • • • • • • • • • • •			
□ Chairman	Name: Stephanie Assali	☐ Chairman	Name:			
□Vice Chairman	Address: 5412 Heritage Oak Dr	☐ Vice Chairman		•		
□Director	Lake Forest CA 92679	□Director	,	·		
☐President .		President	·	-		
. Vice President		□ Vice President				
Secretary	Treasurer	☐Secretary	· ·	☐ Treasurer		
□Other	Other	Other		Other		
				- 		
□ Chairman	Name:	Chairman	Name:			
□Vice Chairman	Address:	OVice Chairman	Address:	3		
□Director		□Director				
□President		□President .				
□Vice President		. DVice President				
☐ Secretary	☐ Treasurer	Secretary		☐Treasurer		
Other	Other	□Other	 .	□Other`		
•						
	Use an attachment to report more than six (6). The a added to the index when fitting your Florida Depart			surposes only, Non-indexed		
	(4-7)		•	,		
12.	Signature of Directo	er or Officer	 			
	etor signing this document and who is listed in numalse information submitted in a document to the Dep	ber [1 above] affirms th				
13. Stephanie As	sali , Secretary	•		·		
(Typed or printed name and capacity of person signing application)						

To; • Page: 6 of 6 2022-11-16 15:30:54 CST 12122023573 From: David Thomas



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

Entity Name: MEREDIAN INC

Entity No.: 3590839 Registration Date: 08/02/2013

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 September 30, 2022.

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

Certificate No.: 049082938

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**.