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To:

Division of Corporations

Fax Number : (850)617-6383

From:

-;

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077

Fax Number

: (845)818-3588

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

Email Address: rwalker@phinanceus.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Alpha One Financial, Inc.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$78.75

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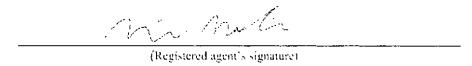
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

L. <u>Alpha One Fina</u>	neial, Inc.					
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATEE orp," "Inc," "Co," or "Corp,"))," "COMPANY," "CORPOR.	ATION."			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of trai	sacting b	usiness	in Floric	la)
California 2.	under the law of which it is incorporated) 83-3600378 (FEI number					
(State or count)	tte or country under the law of which it is incorporated) (FEI num		er, if applicable)			
4, 2/1/2019	5					
	of incorporation)	(Date of duration, if	other that	ı perpet	ual)	
5. 1/31/2023						
7, <mark>4929 Witshire Bl</mark>	(SEE SECTIONS 607.1501 & 607.1 vd., Suite 1010, Los Angeles, CA 90010	in Florida, if prior to registration 1502, F.S., to determine penalty fice street address)			20	
	160 m m 1	11 16 1166			<u> </u>	
Name:	t address of Florida registered agent: (P. Veorp Services, LLC 1200 South Pine Island Road	ng address, if different) O. Box <u>NOT</u> acceptable)			2023 JAN 19 PM 1: 27	
Office Address:					27	
		Florida ====================================	_			
	(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.



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):

(((H23000023785.3)))

A. DIRECTORS							
□Chairman	Rouvaun Walker Name:	□Chanman	Tyrone Moore Name:				
□Vice Chairman	Address:	□Vice Chairman	Address: 4929 Wilshire Blvd., Suite 1010				
Director	Los Angeles, CA 90010	Director	Los Angeles, CA 90010				
President		\[\text{President}					
□Vice President		□Vice President					
□Secretary	□Ticasum	□Secretary	□Treasurer				
Other CEO	Other	Other					
□ Chairman	Name:	⊒Chairman	Name:				
□Vice Chairman	Address:	⊒Vice Chairman	Address:				
Director	Los Angeles, CA 90010	Director					
□President		\square President					
□Vice President		□Vice President					
J Secretary	□Treasurer	USecretary	∐Treasure:				
□Other	Other	□Other	Other				
□Chairman	Name:	⊒Chairman	Name:				
□Vice Chairman	Aikliess:	□Vice Chairman	Address:				
□Director		Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	[] Treasurer	□Secretary	□Treasurer				
□Other	Other	⊒0ther	□Other				
individuals may be	Ise an attachment to report more than six (6). The attachded to the index when filing your Florida Departn Signature of Director	or Officer	sport form,				
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated berein 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 \$,817,155, F.S.							
13. Rouvaun Wa	alker CEO						

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Secretary of State Certificate of Status

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

Entity Name: ALPHA ONE FINANCIAL, INC.

Entity No.: 4239919

Registration Date: 02/01/2019

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 January 19, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 074855628

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