## F23000005186

(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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Office Use Only

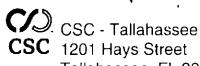


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RECEIVED





Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 09/11/23 Order #: 1263797-1

Re: The Ladies Auxiliary, Inc. Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

120000000195

AUTH

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## 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.

The Ladies Aux	iliary, Inc.			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	<b>,</b> ,"	
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	g business in Florida)	
2. California	9. 3.	3. 95-4808100		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. 6/28/2000	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6.				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2, F.S., to determine penalty liabilit		
, 812 Fleming Stre	et, Unit 1, Key West, Florida 33040			
/·	(Principal office	street address)		
450 North Roxbu	ry Drive, 8th Floor, Beverly Hills, California 90	210		
	(Current mailing	address, if different)		
8. Name and stree	et address of Florida registered agent: (P.O. 1	Box <u>NOT</u> acceptable)	2023 SEP	
Name:	Corporation Service Company		<del></del> .,	
Office Address:	1201 Hays Street			
	Tallahassee	, Florida 32301	. 2	
	(City)	(Zip code)		

## 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.

Corporation Service Company

By: Weilard-Sirenson, Aug

(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.

A. DIRECTORS	•			
□Chairman	Name: Christopher Scott King	□ Chairman	Name:	
□Vice Chairman	Address: 812 Fleming Street, Unit 1	□Vice Chairman	Address:	
Director	Key West, Florida 33040	□Director		
<b>■</b> 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		<u> </u>
□Vice President		□Vice President		
Secretary	□Treasurer	Secretary		□Treasurer
Other	Other	Other	<u> </u>	Other
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	<u> </u>	□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	Secretary		□Treasurer
□Other	□ Other	Other	<del></del>	Other
individuats They be	Use an attachment to report more than six (6). To added to the index when filing your Florida Dep	ne attachment will be image partment of State Annual Re	d for reporting	purposes only. Non-indexed
12	Signature of Dire	ector or Officer	<del></del>	



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

**Entity Name:** 

THE LADIES AUXILIARY, INC.

Entity No.:

2251337

Registration Date:

06/28/2000

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 06, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 142872635

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.