## F24000001773

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
| ,                                       |  |  |  |  |
| (City/Chata/Zin/Dhana 40                |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| (Boostine Hambor)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
| -                                       |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |





000425687900

03/21/24--01013--007 ##87.50

2024 HAR 21 PH 12: 08

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |  |  |  |  |
|--|--|--|--|--|--|
| SUBJECT: Veteran Enterpris   | ses  |  |  |  |  |
| Name of corporation  | - must include suffix  |  |  |  |  |
| Dear Sir or Madam:   |  |  |  |  |  |
| The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stan above referenced foreign corporation to transact busine          | iding" and check are submitted to register the   |  |  |  |  |
| Please return all correspondence concerning this matter to the following:  |  |  |  |  |  |
| James C  | Conley   |  |  |  |  |
| Name of Person   |  |  |  |  |  |
| Veteran E  | nterprises   |  |  |  |  |
| Firm/Con   | npany  |  |  |  |  |
| 2411 Martin Luther King Way  |  |  |  |  |  |
| Addre  | ess  |  |  |  |  |
| Merced C   | CA 95340   |  |  |  |  |
| City/State a   | nd Zip code  |  |  |  |  |
|  | erprisesusa.com  |  |  |  |  |
| E-mail address: (to be used for future annual report notification)   |  |  |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |  |  |
| Timothy Drury at (559  | _)300-6089   |  |  |  |  |
| Name of Person Area Cod  | e 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  \$\Begin{array}{c} \\$70.00 \] \\$78.75 \] Filing Fee & Certificate of Status | TOF STATE  □ \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy Certified Copy  |  |  |  |  |

## 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                      | Veteran Enterprises Corpo   | ration                           |   |  |  |  |
|------------------------|---|----------------------------------|---|--|--|--|
|                        | ration: must include "INCORPORATED," "Inc." "Co," or "Corp.")                       | "COMPANY," "CORPORAT             | ION,"                                   |  |  |  |
| (If name unavailable i | in Florida, enter alternate corporate name a  | dopted for the purpose of transa | cting business in Florida)              |  |  |  |
| Calif                  | fornia 3  | 86-267471                        | 86-2674719                              |  |  |  |
| (State or country und  | ornia 3. der the law of which it is incorporated)                                   | (FEI number, i                   | f applicable)                           |  |  |  |
| . 04                   | 4/22/2021 5   |                                  |   |  |  |  |
|                        | acorporation)   | (Date of duration, if otl        | ier (han perpetual)                     |  |  |  |
| ,<br>),                |   |                                  |   |  |  |  |
|                        | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.15                  |                                  | ability)                                |  |  |  |
|                        |   | • •                              | • •                                     |  |  |  |
| '- <u></u>             | 2411 Martin Luther King (Principal office)  | e street address)                | 40                                      |  |  |  |
|                        | (   | <u>,</u>                         |   |  |  |  |
| 4                      | (Current mailing  | g address, if different)         | <del></del>                             |  |  |  |
|                        |   |                                  |   |  |  |  |
| 3. Name and street ad- | dress of Florida registered agent: (P.O   | . Box <u>NOT</u> acceptable)     |   |  |  |  |
| Name:                  | James Conley  12711 77th PL N  West Palm Beach (City)                               |                                  | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |  |  |  |
| _                      | 10711 77th DL N   | <del></del>                      | AR C                                    |  |  |  |
| Office Address:        | 12/11//MPLN   | <del>_</del>                     |   |  |  |  |
| _                      | West Palm Beach   | , Florida <u>33412</u>           | P (1)                                   |  |  |  |
|                        | (City)  | (Zip code)                       |   |  |  |  |
| Registered agent's     | acceptance:   |                                  | 8 8                                     |  |  |  |
| Having been named a    | s registered agent and to accept service  | e of process for the above sto   | ated corporation at the place           |  |  |  |
|                        | lication, I hereby accept the appointm<br>ly with the provisions of all statutes re |                                  |   |  |  |  |
|                        | h and accept the obligations of my pos  |                                  | piere perjormance of my au              |  |  |  |

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: James Conley  | □Chairman   | Name:                                       |   |
| □Vice Chairman   | Address: 4625 Lake Road   | □Vice Chairman                                    | Address:                                    |   |
| □Director  | Merced CA 95340   | □Director   |   |   |
| □President   |   | □President  |   |   |
| □Vice President  |   | □Vice President                                   |   |   |
| □Secretary   | □Treasurer  | □Secretary  |   | □Treasurer  |
| ⊠Other <u>C.E.</u>   | O.  | □Other  |   | Other   |
|  | Tim Drung   | _   |   |   |
| ☐ Chairman   | Name: Tim Drury   | □ Chairman  | Name:                                       |   |
| □ Vice Chairman  | Address: 3741 pigeon Ct.  | □Vice Chairman                                    | Address:                                    |   |
| □Director  | Merced CA 95340   | □Director   |   |   |
| □President   |   | □President  |   |   |
| □Vice President  |   | □Vice President                                   |   |   |
| <b>⊠</b> Secretary   | □Treasurer  | Secretary   |   | □Treasurer  |
| □Other   | Other   | □Other  |   | □Other  |
| □Chairman  | Name:Joseph Bostrom   | □Chairman   | Name:                                       |   |
|  | Address: 150 Vintage Ct.  |   |   |   |
| □Director  | Turlock CA 95382  | □ Director  | Address.                                    | -   |
| □President   |   | □President  |   |   |
| □Vice President  |   | □Vice President                                   |   |   |
| ☐ Secretary  | □Treasurer  | ☐ Secretary                                       |   | □Treasurer  |
| ⊠Other <u>C</u> .  | F.O. 🗀 Other  | □Other  |   | □Other  |
| Important Notice: Individuals may be                       | Jse an attachment to report more than six (6). The attac<br>added to the index, when filing your Florida Departme     | chment will be image<br>nteof State Annual Re     | d for reporting pu                          | rposes only. Non-indexed                                    |
| 12.  | mores (a.   | 2   |   |   |
|  | Signature of Director of  | r Officer   |   |   |
| The officer or direct she is aware that fars.817.155, F.S. | etor signing this document (and who is listed in number<br>lise information submitted in a document to the Department | r 11 above) affirms the<br>ment of State constitu | nat the facts stated<br>ites a third degree | herein are true and that he or<br>felony as provided for in |
| 13   |   |   |   |   |
|  | (Typed or printed name and capacity of perso  | on signing application                            | 1)  |   |



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

Entity Name: VETERAN ENTERPRISES

**Entity No.:** 4707642 **Registration Date:** 03/03/2021

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 March 08, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 189436637

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.