type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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

mail	Address:		 	 			
_1							

FOREIGN PROFIT/NONPROFIT CORPORATION R H G & ASSOCIATES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

T. LEMIEUX

11/11/2024 09:42:37 PST · To: 18506176383 Page: 2/4 Fax: 8134365206

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.

	orporation; must include "INCORPORATED," "	COMPANY," "CORPORATION	<u></u>	-		
"Inc" "Co" "C	orp," "Inc," "Co," or "Corp.")					
(If name unavail	able in Florida, enter alternate corporate name ado	opted for the purpose of transactin	g business in Florida)	-		
CA	3					
	y under the law of which it is incorporated)	(I-t:1 number, if applicable)				
04/20/1978	5					
(Date	of incorporation)	(Date of duration, if other than perpetual)				
6				-		
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		ly)			
, 1215 Tamarack A	venue Brea CA 92821 US		•			
/·	(Principal office	street address)		-		
1215 Tamarack /	Avenue Brea CA 92821 US					
	(Current mailing a	ddress, if different)	111111111111111111111111111111111111111			
			202			
8. Name and stree	et address of Florida registered agent: (P.O. E	Box NOT acceptable)	2024 HOV 12			
Name:	Northwest Registered Agent LLC	<u> </u>				
Office Address:	7901 4th St N STE 300	_		1		
	St. Petersburg	Elorida 33702	MH 9: 4	. П		
	(City)	(Zip code)	17. 17. 19. †	_		
9. Registered ago	ent's acceptance:					
Having been nam	ed as registered agent and to accept service of					
lesignated in this further agree to c	application, I hereby accept the appointmen omply with the provisions of all statutes rela	it as registered agent and agre tive to the proper and complet	re to act in this capa re performance of m	city. v du		
	with and accept the obligations of my positi		<i>, ,</i>			

Toplar Name

(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.

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To: 18506176383 A. DIRECTORS Gregory, Robert □ Chairman □ Chairman Name: 1215 Tamarack Avenue Address: □ Vice Chairman □ Vice Chairman Address: Brea CA 92821 **⊠**Director □ Director President **Z**President □Vice President □Vice President ☐ Treasurer ☑ Treasurer ✓ Secretary □ Secretary □Other _____ □Other _____ □Other _____ □Other _____ Name: Chairman Name: Chairman : □ Vice Chairman Address: □Vice Chairman Address: □ Director (i) Director □ President □President □Vice President _____ □ Vice President ☐ Treasurer ☐ Secretary ☐ Treasurer □Secretary □ Other ☐ Other □Other _____ □Other _____ □ Chairman Name: □ Chairman Name: □Vice Chairman Address: ______ □Vice Chairman Address: □Director □ Director □ President □President □Vice President _____ ☐ Vice President □ Secretary □ Treasurer □Secretary □Treasurer □ Other _____ □Other _____ □ Other ____ __ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.	Robert Gregory

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein 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 s.817.155, F.S.

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

Entity Name: R H G & ASSOCIATES, INC.

Entity No.: 0844158 **Registration Date:** 04/20/1978

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 November 11, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 264846124

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.