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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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## **COVER LETTER**

TO:		Registration Section Division of Corporations					
SUBJE	CT:	Pacific HR, Inc.					
301301		Nam	e of corporation	- must include suffix	· -		
Dear Si	r or M	adam:					
"Certifi	cate of	"Application by Foreign ( Existence," or "Certificated foreign corporation to	ite of Good Stan	iding" and check are sul			
Please r	eturn :	ill correspondence concer	ning this matter	to the following:			
Christina	a Nelso	n					
			Name of	Person			
Pacific F	IR, Inc						
			Firm/Con	npany			
2028 Vil	lage Lr	., Ste 205					
		<del></del>	Addr	ess			
Solvang	. CA 93	463					
			City/State a	nd Zip code			
cknelsor	n@pacl						
		E-mail addre	ess: (to be used t	for future annual report	notification)		
For furt	her int	ormation concerning this	matter, please c	eall:			
Christina Nelson at ()			686-1522	-1522			
	Namo	e of Person	Area Cod	e Daytime Telep	phone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	iake ch	-	DEPARTMENT	OF STATE  S78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & 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.

Pacific HR, Inc.				
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp,")	" "COMPANY." "CORPORATIO	N."	
Pacific HR CA, I	nc			
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transaction	ng business in Florida)	
California	3	770235281		
	y under the law of which it is incorporated)	(FEI number, if a	(FEI number, if applicable)	
12/04/1989	5.			
	of incorporation)	(Date of duration, if other	than perpetual)	
01/01/2025				
	Ste 205 Solvang, CA 93463 (Principal offi	íce <u>street</u> address)	SECRE TALL	
	(Current mailir	ng address, if different)	CRETARY	
. Name and <u>stree</u>	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)		
Name:	Northwest Registered Agent LLC		MH 10: 56	
Office Address:	7901 4th St N STE 300		. a	
	St. Petersburg	, Florida 33702		
	(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.

Tyler 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.

#### A. DIRECTORS Christina Nelson □ Chairman □ Chairman Name: 268 3rd Street □ Vice Chairman Address: □Vice Chairman Address: Solvang, CA 93463 □ Director □ Director ☑ President □President □Vice President ☐ Vice President ☑ Secretary ☑ Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other □Other □Other □Chairman □ Chairman Name: \_\_\_\_\_ □Vice Chairman Address: □Vice Chairman Address: □ Director □Director □ 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 $\square$ 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 individual energy be added to the index of the index of State Annual Report form. 12. 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.

(Typed or printed name and capacity of person signing application)

Christina Nelson



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

Entity Name:

PACIFIC HR, INC.

Entity No.:

1564769

Registration Date: 12/04/1989

Stock Corporation - CA - General

Entity Type: 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 October 30, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 261571420

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.