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

Office Use Only



700441600377

2025 JAN -2 AH H: 14

CSC - Tallahassee
CSC 1201 Hays Street

Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 12/30/24 Order #: 1752378-1

Re: Moss-Warner Communications, 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: \$70.0 - FL State Account Number: 120000000195

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.

COVER LETTER

| | Registration Section Division of Corporations | | | | | | |
|--|---|---|--|--|--|--|--|
| SUBJECT | MOSS-WARNER COMMUNICATIONS, INC | | | | | | |
| SOBOTIC: | | Name of corporation - must include suffix | | | | | |
| Dear Sir or | Madam: | | | | | | |
| "Certificate | ed "Application by Foreign Co of Existence," or "Certificate enced foreign corporation to t | of Good Star | nding" and check are subt | t Business in Florida," nitted to register the | | | |
| Please retui | rn all correspondence concern | ing this matte | r to the following: | | | | |
| CARMEN I | PAUNESCU | | | | | | |
| | | Name of | Person | | | | |
| MOSS-WA | RNER COMMUNICATIONS, II | NC | | | | | |
| | , | Firm/Cor | npany | | | | |
| 27261 Las F | Ramblas, Suite 150 | | | | | | |
| | | Addı | ess | | | | |
| Mission Vic | jo, CA 92691 | | | | | | |
| | | City/State a | and Zip code | | | | |
| ACCOUNT | ING@MOSSWARNER.COM | | | | | | |
| | E-mail address | : (to be used | for future annual report n | otification) | | | |
| For further | information concerning this m | atter, please | call: | | | | |
| CARMEN I | PAUNESCU | 949 at (| 429-2266 | 429-2266 | | | |
| Na | ine of Person | Area Coo | le Daytime Teleph | one Number | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | Registration So Division of Co P.O. Box 6327 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | |
| | a check for the following and check payable to: FLORIDA D Filing Fee | EPARTMENT g Fee &[| T OF STATE 3878.75 Filing Fee & Certified Copy | S87.50 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.

| "Inc.," "Co.," "C | orp," "Inc," "Co," or "Corp.") | TED." "COMPANY," "CORPORATION," | | |
|--|---|--|---|---|
| | | | | |
| (If name unavail | able in Florida, enter alternate corporate n | ame adopted for the purpose of transacting business in | Florida) | |
| LLINOIS | | 3. 06-1304417 (FE) number if applicable) | | |
| (State or countr | y under the law of which it is incorporated | d) (FEI number, if applicable) | | |
| 08/16/1990 | | 5 | | |
| | of incorporation) | 5(Date of duration, if other than perpetual |) | |
| 08/01/2024 | | | | |
| | | ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability) | | |
| 7 27261 LAS RAM | IBLAS STE 150, MISSION VIEJO CA 93 | 2691-6479 | | |
| • | (Principa | l office street address) | _ | |
| | (, <u>-</u> hr. | other street address; | | |
| SAME | (······- | address; | | |
| SAME | | nailing address, if different) | | |
| SAME | | | | |
| | | nailing address, if different) | 25, | IME |
| | (Current n | nailing address, if different) | 25 JAH | OISINIC |
| 3. Name and street Name: | (Current notes address of Florida registered agent: | nailing address, if different) | 25 JAH -2 | JIVIET LOBINIC |
| 3. Name and street Name: | (Current notes address of Florida registered agent: Corporation Service Company 1201 Hays Street | (P.O. Box <u>NOT</u> acceptable) | 25 JAH -2 AM | JIVISIOU DE L'ABEL |
| 8. Name and stree | (Current notes address of Florida registered agent: Corporation Service Company 1201 Hays Street | nailing address, if different) | 25 JAH -2 AM 9:3 | West of the Adigivation of the State of the |
| 3. Name and stree Name: Office Address: | (Current notest address of Florida registered agent: Corporation Service Company 1201 Hays Street Tallahassee (City) | (P.O. Box <u>NOT</u> acceptable) | 25 JAH -2 AM 9:37 | MOTIVE GRAD DE L'OSSINIC |
| Name and street Name: Office Address: . O. Registered age | (Current notes address of Florida registered agent: Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: end as registered agent and to accept s | (P.O. Box NOT acceptable) , Florida 32301 (Zip code) | 3 T at the place | |
| Name and street Name: Office Address: Registered age Having been name this | (Current notes address of Florida registered agent: Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ed as registered agent and to accept so application, I hereby accept the appo | (P.O. Box NOT acceptable) , Florida 32301, Florida (Zip code) service of process for the above stated corporation onto the process are also act in the service of the servi | ω 7 1 at the plac his capacity | . 1 |
| Name and stree Name: Office Address: O. Registered aghaving been namelesignated in this | (Current notes address of Florida registered agent: Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ed as registered agent and to accept so application, I hereby accept the appo | (P.O. Box NOT acceptable) , Florida 32301, Florida (Zip code) service of process for the above stated corporation interest as registered agent and agree to act in the tes relative to the proper and complete performant | ω 7 1 at the plac his capacity | . 1 |
| Name and stree Name: Office Address: O. Registered ago Having been nam designated in this further agree to c | (Current notes address of Florida registered agent: Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: red as registered agent and to accept so application, I hereby accept the applications of all status | (P.O. Box NOT acceptable) , Florida 32301, Florida (Zip code) service of process for the above stated corporation interest as registered agent and agree to act in the tes relative to the proper and complete performant | ω 7 1 at the plac his capacity | . 1 |
| Name and street Name: Office Address: O. Registered age Having been name designated in this further agree to come and I am familiar | (Current notes address of Florida registered agent: Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: eed as registered agent and to accept so application, I hereby accept the application with the provisions of all status with and accept the obligations of metals and accept the obligations of metals. | (P.O. Box NOT acceptable) , Florida 32301, Florida (Zip code) service of process for the above stated corporation interest as registered agent and agree to act in the tes relative to the proper and complete performant | ω 7 1 at the plac his capacity | . 1 |

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

| A. DIRECTURS | | | | | | | |
|---|-------------------------|-----------------|---------------------------------------|--|--|--|--|
| Chairman | Name: NICHOLS, LELAND | □ Chainnan | Name: NICHOLS, DEBORAH L. | | | | |
| □Vice Chairmon | Address: | □Vice Chairman | Address: 7 PORTMARNOCH COURT | | | | |
| □Director | COTO DE CAZA, CA 92679 | □Director | COTO DE CAZA, CA 92679 | | | | |
| □President | | ☐President | | | | | |
| □Vice President | | □Vice President | <u> </u> | | | | |
| ☐ Secretary | Treasurer | Secretary. | ☐Treasurer | | | | |
| Other CEO | Other | □Other | Other | | | | |
| | ROBERT SMITHERS | | | | | | |
| □Chairman | Name: OR MARCHANT RD | □ Chairman | Name: | | | | |
| ∐Vice Chairman | Address: 92 MARCHANT RD | □Vice Chairman | Address: | | | | |
| Director | REDDING, CT 06896 | ☐ Director | | | | | |
| ≅ President | | □President | | | | | |
| □Vice President. | | □Vice President | · · · · · · · · · · · · · · · · · · · | | | | |
| ☐ Secretary | ☐ Treasurer | ☐ Secretary | □Treasurer | | | | |
| Other | | □Other | □Other | | | | |
| □Chairman | Name: | □ Chairman | Name: | | | | |
| ∐Vice Chairmaπ | 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. Signature of Director or Officer | | | | | | | |
| 12. | Signature of Director o | r 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. | | | | | | | |
| 13. LELAND NICHOLS (Timed or printed name and correctly of person signing application) | | | | | | | |
| (Typed or printed name and capacity of person signing application) | | | | | | | |

QUAL-55192

File Number

5607-238-1



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MOSS-WARNER COMMUNICATIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 16, 1990, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of DECEMBER A.D. 2024.

Authentication #: 2436202302 verifiable until 12/27/2025

Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE