F9800000654/

To: Qualification/Tax Lies Division of Corporation		. · ·	
SUBJECT: E.	W. MOON, INCO	RPORATED	
	(Name of corpor	ation - must include suffi	x)
Dear Sir or Madam:		gh is morning on the	5 00002698935 - -12/01/98010590 *****87,50 *****81
The enclosed "Application by "Certificate of Existence", and to transact business in Florida.	check are submitted		sact Business in Florida".
Please return all correspondence	ce concerning this ma	atter to the following:	
		IOON PRESIDENT of Person)	
	•	·	1,
-		INCORPORATED (Company)	——————————————————————————————————————
	11311 VENI	•	U DIV
		ddress)	98 t
		,	
		S, CA 90066-342 (State/Zip)	1 22 T
	City	State/21p)	2
Should you need to call someo	ne concerning this m	atter, please call:	DIVISION OF SATIONS 98 DEC -1 PM 3: 58
ELVIN W. MOON	at (31	0) 915-1018	0.
(Name of Person)		ea Code & Daytime Tele	phone Number)
STREET ADDRESS:		MAILING ADDRE	CSS:
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		Qualification/Tax L Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions
Enclosed is a check for the foll	owing amount:		
	8.75 Filing Fee & Certificate of Status	☐ \$78.75 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.

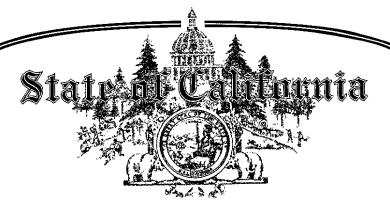
1	E.W. MOON, INCORPORATED	
(Name of corpor	ration: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or	
words or abbrev	riations of like import in language as will clearly indicate that it is a corporation instead of a partnership if not so contained in the name at present.)	
natural person o	r partnership it not so contained in the name at presently	
	2 95-3982280	
2. CALIFOR	RNIA under the law of which it is incorporated) 3. 95-3982280 (FEI number, if applicable)	٠
4. <u>May 3, 1</u>	Perpetual (Duration: Year corp. will cease to exist or "perpetual")	
(Date	e of incorporation) (Bullation: 1ear corp. In the corp.	
6. <u>Upon</u> (Qualification CORP OF CHIONE (OZ 1501 (OZ 1502 opd 817 155 FS)	
(Date first	transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7. 11311	VENICE BLVD.	
TOC AN	NGELES, CA 90066-3422	SEC
<u>HOB_AI</u>	(Current mailing address)	岩
8		
(Purpose((s) of corporation authorized in home state or country to be carried out in state of Florida)	
O Nows and str	بن بن reet address of Florida registered agent: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable) بن المنافعة المنا	5
9. Name and Su	ceet address of Fiorida registered agents (1100 2011 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>j</u> m
Name:	CORPORATION SERVICE COMPANY	ō
0.00 4.13	1201 HAYS STREET	
Office Address:		
	TALLAHASSEE , Florida, 32301 (Zip code)	
	(Zip code)	
10 Desistance	agentis aggentance	
-	agent's acceptance:	
this application, I with the provision	ed as registered agent and to accept service of process for the above stated corporation at the place design hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to co is of all statutes relative to the proper and complete performance of my duties, and I am familiar with and my position as registered agent.	шріу
	Raura P. Durk	
	(Registered agent's signature)	
11. Attached is a	certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the	a lastr of

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.

^{12.} Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIREC	TORS (Street address only - P.O. Box NOT acceptable)	
Chairman:	ELVIN W. MOON	
Address: _	8924 KITTYHAWK AVENUE	
	LOS ANGELES, CA 90045	
Vice Chairn	nan:	<u> </u>
Address: _		
Director:		·
-		
Director:		36 SIAN(
		R SR
Address		一点
B. OFFI	CERS (Street address only - P.O. Box NOT acceptable)	700
President:	ELVIN W. MOON	3: 37 50 50 50 50 50 50 50 50 50 50 50 50 50
Address: _	8924 KITTYHAWK AVENUE	Q O
_	LOS ANGELES, CA 90045	· · · · · · · · · · · · · · · · · · ·
Vice Presid	ent:	
_		
Secretary:	SHARON MOON	
-	8924 KITTYHAWK AVENUE	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LOS ANGELES, CA 90045	
Treasurer	ELVIN W. MOON	
	8924 KITTYHAWK AVENUE	
Addicess	LOS ANGELES, CA 90045	
	f necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14	ELVIN W. MOON	
	(Typed or printed name and capacity of person signing application)	



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the _____ 3rd ____ day of ______ May ______, 19 85

E.W. MOON, INCORPORATED

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

November 9, 1998

Bill ms

Secretary of State