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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

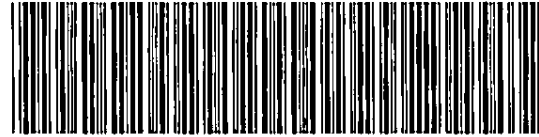
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN
SEP 18 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: So. Cal. Cash Flow Investments, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Miguel A. Maspons, Esq.
Name of Person
Maspons & Sellek, LLP
Firm/Company
2333 Ponce De Leon Blvd., Suite 314
Address
Coral Gables, FL 33134
City/State and Zip Code
MS@MSCORPSERV.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa M. Collazo at (786) 539-1430
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. So. Cal. Cash Flow Investments, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. California 3. 46-2211810
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration. See sections 605 0904 & 605 0905, F.S. to determine penalty liability)

5. 7580 Kingdom Drive
(Street Address of Principal Office)
Riverside, California 92506

6. 7580 Kingdom Drive
(Mailing Address)
Riverside, California 92506

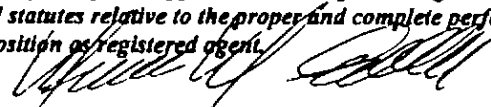
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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: M&S Corporate Services, LLC

Office Address: 2333 Ponce De Leon Blvd., Suite 314
Coral Gables, Florida 33134
(City) (Zip code)

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company 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.


(Registered agent's signature)

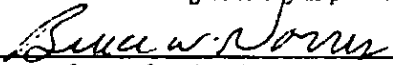
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Bruce W. Norris</u> <u>7580 Kingdom Drive</u> <u>Riverside, CA 92506</u>	<u>Manager</u>	<u>Sandra A. Norris</u> <u>7580 Kingdom Drive</u> <u>Riverside, CA 92506</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.


Signature of an authorized person

Bruce W. Norris
Typed or printed name of signer

State of California
Secretary of State
CERTIFICATE OF STATUS

ENTITY NAME: SO. CAL. CASH FLOW INVESTMENTS LLC

FILE NUMBER: 201306510222
FORMATION DATE: 03/05/2013
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, 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
September 11, 2018.

A handwritten signature in black ink, appearing to read "Alex Padilla". The signature is fluid and cursive, written in a dark ink.

ALEX PADILLA
Secretary of State