# 11/19000001752

(Requestor's Name)
(Address)
(Äddress)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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SECRETANT OF STA

K. SALY FEB 2 0 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 628556 7494937

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: February 11, 2019

ORDER TIME : 1:20 PM

ORDER NO. : 628556-045

CUSTOMER NO: 7494937

#### FOREIGN FILINGS

NAME: EMPORL, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

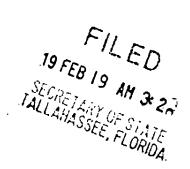
PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:





February 15, 2019

VIA Email
Florida Division of Corporations
2661 Executive Center Cir W
Tallahassee, FL 32301

RE: EMPORL, LLC- Authority to Do Business Application

Dear Division of Corporations:

Please be advised that our company owns EMPORL, Inc which is currently registered with the state of Florida. Furthermore, we authorize the registration of EMPORL, LLC with the Division of Corporation in the state of Florida.

Should you have any questions or concerns regarding this, please do not hesitate to contact me at bdugan@nsgmail.com.

Sincerely.

Bettina Dugan

Paralegal

### **COVER LETTER**

то:	Registration Section Division of Corporations			
SUBJEC	EMPORL, LLC			
	Name of I	Limited Liability Company		
The encl Existence	losed "Application by Foreign Limited Liability Comp ee, and check are submitted to register the above refere	pany for Authorization to Trenced foreign limited liability	ansact Business in Florida," Certificate of sy company to transact business in Florida.	
Please re	eturn all correspondence concerning this matter to the	following:		
	Suraj Akotia			
	N	ame of Person		
	EMPORL, LLC			
1682 Langley Ave				
	<del></del>			
Irvine, CA 92614				
	City/S	tate and Zip Code		
	legal@nsgmail.com			
	E-mail address: (to be use	d for future annual report no	otification)	
For furt	her information concerning this matter, please call:			
	Suraj Akotia	888 278-8 at ( )	200	
	Name of Contact Person		ytime Telephone Number	
MAILING ADDRESS: Division of Corporations			T ADDRESS: of Corporations	
Registration Section		Registration Section		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		
	ratianassee, FL 32314		ssee, FL 32301	
Enclose	ad is a check for the following amount:  \$\B\$\$ \$125.00 Filing Fee \$\Bigcup \$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:

(If name propositable and as alternate	ame adopted for the purpose of transacting business in	Florida. The attempte name point include "t imit	ed Linbility Company." "L.L.C." or "LLC.")
	mise analytical for the burbose of manistering ourseless in	rapidal. The glierhaic hanc this dictate Links	or many company, which, or socily
2. California	nich foreign limited liability company is organized)	3	I number, if applicable)
Cardinate from the season of the	many manager (mineral)	, -	
4			
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete	to registration.) mine penalty liability)	
1682 Langley Ave Irvi	inc, CA 92614	6. 1682 Langley Ave Irv	ine, CA 92614
(Street Address of F	rincipal Office)		g Address)
			100
			<u> </u>
			19
. Name and street address	ss of Florida registered agent: (P.O. B	ox NOT acceptable)	
	Corporation Service Company		Erg E
Name:	Corporation Service Company	<del></del>	ajon 😘
Office Address:	1201 Hays Street		OF F
	Tallahassee	n 32301	<b>8</b> 7
	(City)	, Florida 32301	Lip code)
legistered agent's accep	• •		
	By: ( ) Y Vu Com / Co	<i>⊋ar</i> ∩ ∡n — Zaani. Vice k	recident
8. The name, title or capa	(Registered agent	U	
8. The name, title or capa <u>Title or Capacity:</u>	(Registered agen	I's signature)	
	acity and address of the person(s) who  Name and Address:  MICHAEL PROFANT	has/have authority to manage is/s	are:  Name and Address:  JEFFRY GUNHUS
Title or Capacity:	acity and address of the person(s) who  Name and Address:	has/have authority to manage is/a <u>Title or Capacity:</u>	nre: Name and Address:
Title or Capacity:	acity and address of the person(s) who  Name and Address:  MICHAEL PROFANT  1682 Langley Ave	has/have authority to manage is/a <u>Title or Capacity:</u>	Name and Address:  JEFFRY GUNHUS  1682 Langley Ave Irvine, CA 92614  SPENCER PEPE
Title or Capacity: Manager	Acity and address of the person(s) who  Name and Address:  MICHAEL PROFANT  1682 Langley Ave  1rvine, CA 92614  JASON REID  1682 Langley Ave	has/have authority to manage is/a <u>Title or Capacity:</u> <u>Manager</u>	JEFFRY GUNHUS  1682 Langley Ave Irvine, CA 92614  SPENCER PEPE  1682 Langley Ave
Title or Capacity:  Manager  Manager	Acity and address of the person(s) who  Name and Address:  MICHAEL PROFANT  1682 Langley Ave  Irvine, CA 92614  JASON REID  1682 Langley Ave  Irvine, CA 92614	has/have authority to manage is/a <u>Title or Capacity:</u> <u>Manager</u>	Name and Address:  JEFFRY GUNHUS  1682 Langley Ave Irvine, CA 92614  SPENCER PEPE
Title or Capacity:  Manager  Manager  (Use attachments if neces	Acity and address of the person(s) who  Name and Address:  MICHAEL PROFANT  1682 Langley Ave  1rvine, CA 92614  JASON REID  1682 Langley Ave  Irvine, CA 92614  sary) ** See attachment **	has/have authority to manage is/s  Title or Capacity:  Manager  Manager	Name and Address:  JEFFRY GUNHUS  1682 Langley Ave  Irvine, CA 92614  SPENCER PEPE  1682 Langley Ave  Irvine, CA 92614
Manager  Manager  (Use attachments if neces)	Acity and address of the person(s) who  Name and Address:  MICHAEL PROFANT  1682 Langley Ave  Irvine, CA 92614  JASON REID  1682 Langley Ave  Irvine, CA 92614  sary) ** See attachment **  of existence, no more than 90 days of	has/have authority to manage is/a  Title or Capacity:  Manager  Manager  d, duly authenticated by the offici	Name and Address:  JEFFRY GUNHUS  1682 Langley Ave  Irvine, CA 92614  SPENCER PEPE  1682 Langley Ave  Irvine, CA 92614
Manager  Manager  (Use attachments if neces). Attached is a certificate urisdiction under the law	Acity and address of the person(s) who  Name and Address:  MICHAEL PROFANT  1682 Langley Ave  Irvine, CA 92614  JASON REID  1682 Langley Ave  Irvine, CA 92614  sary) ** See attachment **  of existence, no more than 90 days of of which it is organized. (If the certification of the contribution of the certification of the ce	has/have authority to manage is/a  Title or Capacity:  Manager  Manager  d, duly authenticated by the offici	Name and Address:  JEFFRY GUNHUS  1682 Langley Ave  Irvine, CA 92614  SPENCER PEPE  1682 Langley Ave  Irvine, CA 92614
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Manager  Manager  (Use attachments if neces  Attached is a certificate jurisdiction under the law of the translator must be so  10. This document is exec	Acity and address of the person(s) who  Name and Address:  MICHAEL PROFANT  1682 Langley Ave  Irvine, CA 92614  JASON REID  1682 Langley Ave  Irvine, CA 92614  sary) ** See attachment **  of existence, no more than 90 days of of which it is organized. (If the certification in accordance with section 605.07 of the Department of State constitutes at the constitute at the constitutes at the constitutes at the constitute at the constitu	has/have authority to manage is/a  Title or Capacity:  Manager  Manager  d, duly authenticated by the officiate is in a foreign language, a tracely a few control of the cate is in a foreign language of the cate is in a foreign language.	Name and Address:  JEFFRY GUNHUS  1682 Langley Ave Irvine, CA 92614  SPENCER PEPE  1682 Langley Ave Irvine, CA 92614  ial having custody of records in the instation of the certificate under oath aware that any false information
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Manager  Manager  (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be so 10. This document is exec	Acity and address of the person(s) who  Name and Address:  MICHAEL PROFANT  1682 Langley Ave  Irvine, CA 92614  JASON REID  1682 Langley Ave  Irvine, CA 92614  sary) ** See attachment **  of existence, no more than 90 days of of which it is organized. (If the certification in accordance with section 605.07 of the Department of State constitutes at the constitute at the constitutes at the constitutes at the constitute at the constitu	has/have authority to manage is/a  Title or Capacity:  Manager  Manager  d, duly authenticated by the officiate is in a foreign language, a tracely a few control of the cate is in a foreign language of the cate is in a foreign language.	Name and Address:  JEFFRY GUNHUS  1682 Langley Ave Irvine, CA 92614  SPENCER PEPE  1682 Langley Ave Irvine, CA 92614  ial having custody of records in the instation of the certificate under oath aware that any false information



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JALLAHASSEE, FLORIDA.

Easy To Do Business With

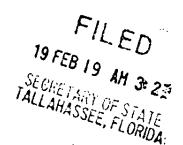
#### ADDENDUM TO APPLICATION

Names and business addresses of additional managers:

- Matthew Stewart, Manager
   1682 Langley Avenue, Irvine, CA 92614
- Tracy Meneses, Manager
   1682 Langley Avenue, Irvine, CA 92614

## State of California Secretary of State

CERTIFICATE OF STATUS



ENTITY NAME: EMPORL LLC

FILE NUMBER: FORMATION DATE:

201903610498 01/31/2019

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 February 7, 2019.

ALEX PADILLA Secretary of State