

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	
<u> </u>	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
<u></u>	Office Use Only

100379454321

2022 APR 29 APR 9: 37



S. ROBERTS APR 2 9 2022

FILE 2ND

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

· · · ·

		ACCOUN	IT NO.	:	I200000001	.95	
		REFE	RENCE			4802794	
		AUTHORIZ	ATION	: _	Frede \$ 125.00	nan	
		COST	LIMIT	: (\$ 125.00		
ORDER DATE	:	April 28.	2022				
ORDER TIME		-					
	·						

ORDER NO. : 645908-020

CUSTOMER NO: 4802794

-

FOREIGN FILINGS

NAME: JAMES PERSE ENTERPRISES LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

	CERTIFIED CC)PY	
XX	PLAIN STAMPE	ED COPY	
	CERTIFICATE	OF GOOD	STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

TO: Registration Section Division of Corporations

James Perse Enterprises LLC

SUBJECT:

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:

Liz Jutila

Name of Person

Proskauer Rose LLP

Firm/Company

2029 Century Park East, Suite 2400

Address

Los Angeles, CA 90067

City/State and Zip Code

cahn@proskauer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liz Jutila Name of Contact Person	at ())
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee. Certificate Certificate of Status

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. James Perse Enterprises LLC

-	(Name of Foreign Limited Liability	Company; must include	"Limited Liability Company	""L.L.C.," or "LI.C.")

If name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	lorida. The	alternate name must include "Limited Liab	ility Company," "L.L C," or "LEC
California 2	hich foreign limited hability company is organized)	3.	(FEI number,	, il applicable)
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration ine penalty) Kability)	
7373 Flores Street		6.	7373 Flores Street	
Street Address of Principal Office)	<u> </u>	0.	(Mailing Address)	
Downey, CA 90242			Downey, CA 90242	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	N <u>OT</u> a	cceptable)	2022 3.1/2
Name:	Corporation Service Company			APR 29
Office Address:	1201 Hays Street			
	Tallahassee		32301 , Florida	9:37
	(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.

Corporation Service Company expis Weibrd assistant va prosecunt Bv: (Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Canacity	L	Name and Address:
≅Manager	James Perse	□Manager	Name:	
Member	Address:	Member	Address:	
Authorized	Downey, CA 90242	Authorized		
Person		Person		
Other	Other	Other		□01her
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
01her	Other	Other		00ther
□Manager	Name:	□Manager	Name:	
Member	Address:	□Member	Address:	
Authorized		□Authorized	*** <u> </u>	
Person		Person		
Other	Other	Other		01her

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.

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 outhorized person

James Perse



Secretary of State Certificate of Status

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

Entity Name:	JAMES PERSE ENTERPRISES LLC
Entity No.:	202128010007
Registration Date:	09/27/1994
Entity Type:	LIMITED LIABILITY COMPANY - CA
Formed In:	CALIFORNIA
Status:	ACTIVE (GOOD STANDING)

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 April 29, 2022.

SHIRLEY N. WEBER, PH.D. Secretary of State

Certificate No.: 007327222

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.