| (Requestor's Name)                      | -              |
|---|----------------|
| (Address)                               |                |
| (1.00.000)                              |                |
| (Address)                               |                |
|   |                |
| (City/State/Zip/Phone #                 | <del>‡</del> ) |
| PICK-UP WAIT                            | MAIL           |
|   |                |
| (Business Entity Name                   | e)             |
| (Document Number)                       |                |
|   |                |
| Certified Copies Certificates of        | of Status      |
|   |                |
| Special Instructions to Filing Officer: |                |
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## FLORIDA FILING & SEARCH SERVICES, INC.

# P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

04/14/23

NAME: PROPER SERVICES FL. INC

TYPE OF FILING: ARTICLES

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I NAME   | . DDODED DEDVICES EL   | INC            |   |
|--|--|----------------|---|
| The name of the corpora                                | tion shall be: PROPER SERVICES FL,   | INC.           |   |
| 120 South Dixie Highway. Un<br>West Palm Beach, FL 334 |  | 21700 Ox       | Mailing address, if different is:<br>nard Street, Suite 2020<br>Hills, CA 91367 |
| West Fallii Beach, FE 334                              |  | <u> </u>       | 1 mills, CA 31307   |
|  | OSE the corporation is organized is: to engage organized under the General C |                |   |
| <u> </u>   | ss, the trust company business or th   | <u> </u>       | <del>-</del>  |
|  | Florida Corporations Code.   | <u> </u>       |   |
|  |  | <u> </u>       |   |
|  |  |                |   |
|  |  |                |   |
| ARTICLE IV SHAR The number of shares of                | <i>ES</i>  |                |   |
| the nation of shares of                                | Stock is.  |                |   |
|  | AL OFFICERS AND/OR DIRECTORS   |                |   |
| Name and Title   | Robert Edwards, President  | Name and Title | Scott Sanchez, Vice President   |
| Address  | 120 S DIXIE HWY  | Address:       | 21700 OXNARD ST STE 2020  |
|  | UNIT 205   |                | WOODLAND HILLS, CA 91367  |
|  | WEST PALM BEACH, FL 33401  |                |   |
| Name and Title   | Brandon Helfer, Secretary  | Name and Title |   |
| Address  | 24700 OVALADO OT OTE 2000  | Address:       |   |
|  | WOODLAND HILLS, CA 91367   | •              | SE 2023   |
|  |  | •              | ACCAGE TO APPROVE   |
|  |  | •              |   |
| Name and Title   | <u> </u>   | Name and Title |   |
| Address  |  | Address:       |   |
|  |  |                |   |
|  |  |                |   |

| Name and  | d Title:  | Name and Title:  |
|---|---|--|
| Address   |   | Address:   |
|   |   |  |
|   |   |  |
|   |   |  |
|   | REGISTERED AGENT<br>orida street address (P.O. Box NOT acceptable)                                    | ) of the registered agent is:  |
| Name:   | PARACORP INCORPORATED   |  |
| Address:  | 155 OFFICE PLAZA DR 1ST FLR   | <u> </u>   |
|   | TALLAHASSEE FI. 32301   | <u> </u>   |
|   |   |  |
|   | <u>INCORPORATOR</u>   |  |
| The name and ad   | dress of the Incorporator is:   |  |
| Name:   | Frances Severe  | _  |
| Address:  | 2804 Gateway Oaks Drive #100  | <del></del>  |
|   | Sacramento, CA 95833  | <u> </u>   |
| Effective date, if c (If an effective difiling.)  Note: If the date |   | not be more than five days prior or 90 days after the ele statutory filing requirements, this date will not be listed as |
|   |   | ess for the above stated corporation at the place designated in<br>registered agent and agree to act in this capacity    |
| see attachment  | · · · · · · · · · · · · · · · · · · ·   |  |
|   | Required Signature/Registered Agent   | Date   |
|   | ument and affirm that the facts stated herein a<br>Department of State constitutes a third degree fel | re true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.                    |
| 20  | <del>-</del>  | 4/13/26235   |
| Requir  | ed Signature/Incorporator   | MPR IL MILLE   |

## STATE OF FLORIDA

### REGISTERED AGENT CONSENT FORM

**DATE:** 4/13/2023

ENTITY NAME: Proper Services FL. Inc.

### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

2023 APR IL AMII: L SECRETARY OF STAT