## F00000003669

Qualification/Tax Lien Section

To:

Division of Corporations				
SUBJECT: Ocean	West Enterprises, Inc.			
	Name of corporation - must include suffix)			
Dear Sir or Madam:				
	n Corporation for Authorization to Transa are submitted to register the above refere			
Please return all correspondence cond	cerning this matter to the following:			
Heath	er Lillywhite 👸	000033051560		
	(Name of Person)	-06/26/0001146004 *****87.50 *****87.50		
Ocean	West Enterprises, Inc.			
	(Firm/Company)			
15991	Red Hill Ave., #110			
	(Address)			
Tusti	n CA 92780			
	(City/State/Zip)	FILE 26 ASSE		
Should you need to call someone con	ncerning this matter, please call:	ED PM 4: 20 OF STATE		
Heather Lillywhite	at ( 714 ) 247-4223	N		
(Name of Person)	(Area Code & Daytime Teleph	none Number)		
9		100-3007,		
STREET ADDRESS:	MAILING ADDRES	s: (c-)		
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St.	Qualification/Tax Lie Division of Corporati P.O. Box 6327			
Tallahassee, FL 32399	Tallahassee, FL 3231	14		
Enclosed is a check for the following	g amount:			
	Filing Fee & S78.75 Filing Fee & Certified Copy	587.50 Filing Fee, Certificate of Staffis &		

## 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 00	ean West Enterprises, Inc.		
words or abbr	poration; must include the word "INCORPORATED", eviations of like import in language as will clearly ind a or partnership if not so contained in the name at pres	icate that it is a corporation instead of a	
2. Californ	nia 3.  try under the law of which it is incorporated)	33-0320824 (FEI number, if applicable)	
4. <u>11/02/19</u>	199	perpetual	
4. <u>11/02/11</u> (D	ate of incorporation) (Duration	n: Year corp. will cease to exist or "perpetual")	
6. Approximate Approximate Approximate Approximate 6. (Date fi	mately 8/1/00 or upon issuance of rst transacted business in Florida.) (SEE SECTIONS	appropriate license 507.1501, 607.1502 and 817.155, F.S.)	<u>*</u> #₹:- -
7. <b>_15991</b> R	ed Hill Ave. #110		
Tustin,	CA 92780		
	(Current mailing address)	and the second s	1- 4
(Purpo	ortgage Lender se(s) of corporation authorized in home state or counts street address of Florida registered agent: (P.  CT Corporation System	S. To	F 11
Office Address	: 1200 South Pine Island Rd.	SEE O	LED PH
	Plantation	, Florida,	M 4: 20
10. Registere	d agent's acceptance:		
this application with the provisi	med as registered agent and to accept service of production, I hereby accept the appointment as registered agent ons of all statutes relative to the proper and complete of my position as registered agent.	t and agree to act in this capacity. I juriner agree	е го сотргу

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

which it is incorporated.

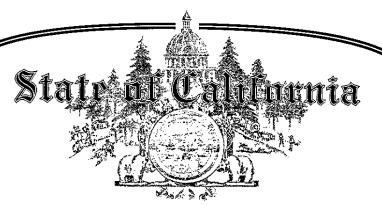
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

A. DIRECT	ORS (Street address only - P.O. Box NOT acceptable)			
Chairman: _	Marshall Stewart	1		<del>-</del>
Address:	24872 Sunstar			
<u> </u>	Dana Point, CA 92629			
Vice Chairm	an: Daryl Meddings			<b>-</b> . :.
Address:	21791 Via del Lago			- Johnson
	Trabuco Canyon, CA 92679			
Director: _			· 	
Address:				==£ a tell
_				
Director:				<del>-</del> ·
Address:				
				<del></del>
B. OFFIC	ERS (Street address only - P.O. Box NOT acceptable)			
President: _	Marshall Stewart		······································	<del>-</del>
Address:	24872 Sunstar			<del></del>
_	Dana Point, CA 92629	<u> </u>	3	<del></del> ;
Vice Preside	ent: Daryl Meddings	CRE		
Address:	21791 Via del Lago	ASS ASS	76 26	
	Trabuco Canyon, CA 92679			· · · · · · · · · · · · · · · · · · ·
— Secretaru:		10.1.5 VLS	£	
		TE A	20	
Address:		<u></u>		<del>-</del> :
Treasurer:				<del></del>
-			-	
Address:				The second of the
<del></del>				<del>_</del>
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or director	s.		
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	)		<u></u>
* 4	Marshall Stewart, President	•		
14.	(Typed or printed name and capacity of person signing application)	_		<u> </u>

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## SECRETARY OF STATE

## CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of (	California, hereby certify:	
2	November	88
That on the day of		,19,
OCEAN WEST ENTE	ERPRISES, INC.	,

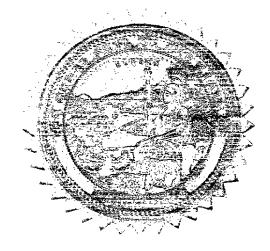
became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

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 April 28, 2000

Billing

Secretary of State