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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Cambria Solutions, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ki Kim

Name of Person

Cambria Solutions, Inc.

Firm/Company

1050 20th Street, Suite 275

Address

Sacramento, CA 95811

City/State and Zip code

csinfo@cambrasolutions.com

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

For further information concerning this matter, please call:

Ki Kim

Name of Person

at ( 916 ) 326-4446

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$70.00 Filing Fee

\$78.75 Filing Fee &  
Certificate of Status

\$78.75 Filing Fee &  
Certified Copy

\$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.*

1. Cambria Solutions, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/02/2003 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 10/26/2012  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1050 20th Street, Suite 275, Sacramento CA 95811  
(Principal office address)

1050 20th Street, Suite 275, Sacramento CA 95811  
(Current mailing address)

8. Any legal purpose in WA  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(City) (Zip code)

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10. Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

[Signature] Usel Roldes for InCorp Services, Inc.  
(Registered agent's signature)

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 which it is incorporated.

12. Names and business addresses of officers and/or directors:

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**A. DIRECTORS**

Chairman: Robert Rodriguez

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Address: 1050 20th Street, Suite 275, Sacramento CA 95811

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Robert Rodriguez

Address: 1050 20th Street, Suite 275, Sacramento CA 95811

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Robert Rodriguez

Address: 1050 20th Street, Suite 275, Sacramento CA 95811

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Robert Rodriguez

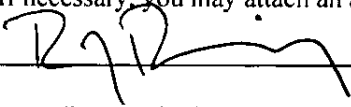
Address: 1050 20th Street, Suite 275, Sacramento CA 95811

Treasurer: Robert Rodriguez

Address: 1050 20th Street, Suite 275, Sacramento CA 95811

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Robert J. Rodriguez / CEO

(Typed or printed name and capacity of person signing application)

State of California  
Secretary of State

FILES  
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CERTIFICATE OF STATUS

ENTITY NAME:

CAMBRIA SOLUTIONS, INC.

FILE NUMBER: C2554142  
FORMATION DATE: 10/02/2003  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, 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 21, 2012.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State