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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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T. LEMIEUX FEB - 3 2025

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	FCT: SHOPPROP INC.				
<b>ЭСВ</b>		of corporation	- must i	nclude suffix	
Dear S	ir or Madam:				
"Certif	closed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to t	of Good Stand	ling`` an	d check are sub-	et Business in Florida," mitted to register the
Please	return all correspondence concern	ing this matter	to the fo	ollowing:	
MYCC	DRPORATION				
		Name of I	Person		
		Firm/Com	pany		
26025	MUREAU RD STE 120				
	<del> </del>	Addre	SS		·
CALA	BASAS, CA 91302				
		City/State ar	ıd Zip c	ode	
PROC	ESSING@MYCORPORATION.COM				
-	E-mail addres	s: (to be used fo	or future	annual report n	otification)
For fu	rther information concerning this n	natter, please ca	all:		
PROC	ESSING	at (	692-6	5772	
	Name of Person	Area Code		Daytime Telepl	none Number
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 819 Tallahassee, FL 32303			MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Please	ied is a check for the following am make check payable to: FLORIDA D 0.00 Filing Fee	EPARTMENT  1g Fee &	\$78.75	TE Filing Fee & ed Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

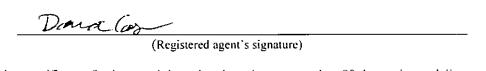
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.		SHOPPROP I	NC.			
••	(Enter name of c	corporation; must include "INCORPORATED," " [orp," "Inc." "Co." or "Corp.")	COMPANY," "CORPORATION.			
	(If name unavail	able in Florida, enter alternate corporate name ado	opted for the purpose of transacting	business in Florida)		
2	Delaware	3				
	(State or countr	ry under the law of which it is incorporated)	3. (FEI number, if applicable)			
4.	6/27/2005	5				
	(Date of incorporation)		(Date of duration, if other than perpetual)			
6.	N/A					
		(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502,		)		
7.	405 Blumont St.	Laguna Beach, CA 92651				
		(Principal office <u>s</u>	street address)			
		(Current mailing a	ddress, if different)	297		
8.	Name and street	et address of Florida registered agent: (P.O. B	Box <u>NOT</u> acceptable)	2025 J.N		
	Name:	Legaline Corporate Services Inc.	_			
Office Addi	ffice Address:	476 Riverside Ave.	<del></del>	<u> </u>		
		Jacksonville	Florida	<u></u>		
		(City)	(Zip code)	· ω		

## 9. 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.



10. 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.

A. DIRECTORS	Robort David Luceko					
□ Chairman	Robert David Luecke	□ Chairman		aymond Luecke		
□Vice Chairman	Address:	□ Vice Chairman	Address:	mont Street		
Director	Laguna Beach. CA 92651	□Director	Laguna Beach,	CA 92651		
President		□President				
□Vice President		□Vice President				
☐ Secretary	<b>■</b> Treasurer	□Secretary		lTreasurer		
□Other	Other	KlOther COO		10ther		
□ Chairman	Name: Christine Luecke	□Chairman	Name:			
□Vice Chairman	405 Blumont Street	□Vice Chairman				
_	Address: Laguna Beach, CA 92651		Addiess.			
□Director		Director				
□President		□President				
■ Vice President		□Vice President				
☐Secretary	□Treasurer	☐ Secretary		Treasurer		
□Other	Other	□Other		Other		
□Chairman	Amie Luecke	☐ Chairman	Name:			
□Vice Chairman	3628 186th Place SE	□Vice Chairman				
□ Director	Bothell, WA 98012	☐Director				
□President		□President				
□Vice President		□Vice President	-			
■ Secretary	□Treasurer	☐ Secretary		Treasurer		
□Other	Other	Other		10ther		
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your florida Department	nt of State Annual R	eport form.	oses only. Non-indexed		
	Signature of Director of					
The officer or director signing this document (and who is listed in number 11 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.						
Robert David Luecke, President						

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

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SHOPPROP INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHOPPROP INC."

WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202674685

Date: 01-13-25

3992069 8300 SR# 20250102832