

**Application for Certificate of Authority** FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby						
applies for a Certificate of Authority to transact business in the State of Rhode Island, and						
for that purpose submits the following statement:						
The name of the corporation is:						
laa						

The name of the corporation is:						
Gautier Land Company						
It is incorporated under the laws of:     Ca	alifornia					
3. The name, if different, which it elects to use in Rhode Island is:						
(a) If the name of the corporation in its jurisdic *incorporated", or "limited," or an abbreviation above corporate endings for use in Rhode Isla	thereof, then	oration does not contain t list the name of the corpo	he word "corporation", "company", pration with the addition of one of the			
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:						
4. The date of its incorporation is: 05/19/1919						
And the period of its duration is: CHECK ONE BOX ONLY  Perpetual (on-going)						
Date certain for dissolution						
5. The address of its principal office is:						
2596 Mission St, #205, San Marino, CA 91108						
6. The name and address of the initial registered agent/office in Rhode Island:						
Agent Name Corporation Service Comp	any					
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200						
City/Town Warwick	State	RHODE ISLAND	Zip Code 02888			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED** 

FORM 150- Revised: 12/2023

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:						
Investment in pass through entities - REIT						
Trestrict in poss anough change 112.1						
8. (a) The names and re state or country of which			ptional, unless d	lirectors are required under the laws of the		
NAME				ADDRESS		
Steven L Jack		4835 S Midnight Dr, Washington, UT 84780				
Steven R Fraser		3706 W Locust St, Fresno, CA 93711				
Jeffrey L. Fraser		108 Lauren Circle, Scotts Valley, CA 95066		95066		
Wayne E Jack	E Jack PO Box 212048, St G		George, UT 8479			
				Check the box to indicate an attachment		
8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):						
OFFICE	NAME			ADDRESS		
PRESIDENT	Steven L. J	ack	4835 S Mid	night Dr, Washington, UT 84780		
VICE PRESIDENT	Steven R. I	Fraser	3706 W. Lo	cust Street, Fresno, CA 93711		
TREASURER	Jeffrey L. Fraser		108 Lauren Circle, Scotts Valley, CA 95066			
SECRETARY	Wayne E. Jack		Po Box 912048, St George, UT 84791			
	· · · · · · · · · · · · · · · · · · ·	Check the box to indicate an		Check the box to indicate an attachment		
9. The aggregate numb par value, and series, if			issue; itemized t	by classes, par value of shares, shares without		
NUMBER OF SHARES	CLAS	S	SERIES	PAR VALUE OR STATE NO PAR VALUE		
100000	Common			1.00		
	•					
<del></del>	. <u></u>	<u> </u>	<del></del>			
	·					
10. An estimate, as a p	ercentage, of	the proportion that the	estimated value	of the property of the corporation to be		
located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)						
0035				•		
.0033 %	, D					
11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be						
transacted by the corpo	oration during t	ne following year. (Not	e: Percentage of	btained from worksheet.)		
0 %	6					

12. This application must be accompanied by a <u>Certificate of Good Standing/Lett</u> formation dated within 60 days of the date of this filing.	er of Status from the state or country of				
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX OF	NLY				
Date received (Upon filing)	no)				
Later effective date (Date must be no more than 90 days from the date of filing)					
14. Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.					
Type or Print Name of Authorized Officer	Date				
Jeffrey L. Fraser	1. 9-20-2084				
Signature of Authorized Officer of the Corporation					
Jeff 2 troser					



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

**Entity Name:** 

**GAUTIER LAND COMPANY** 

Entity No.:

0088277

Registration Date:

05/09/1919

Entity Type:

Stock Corporation - CA - General

Formed In:

**CALIFORNIA** 

Status:

Active

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 November 25, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 269220929

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.