Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: NORTHWEST REGITERED AGENT LLC

Account Number : I20090000081 Fax Number

: (509)768-2249

: (866)543-4731

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FOREIGN PROFIT/NONPROFIT CORPORATION

HKA Elevator Consulting, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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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.

(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	12 APR SECREI
(If name unavails	ble in Florida, enter alternate corporate nar	ne adopted for the purpose of transacting bu	siness in Florida)
California		33-08343	579 ⊋ 1
	inder the law of which it is incorporated)	(FEI number, if applicab	le) = 27 =
01/01/1999		5. Perpetual	
	of incorporation)	(Duration: Year corp. will cease to exist	st or "perpetual")
i .			
		s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
23211 South Po	inte Drive Laguna Hills, CA 92653		
	(Principal office a	ddress)	
23211 South Po	ointe Drive Laguna Hills, CA 92653		
	(Current mailing a	address)	
(Purpose(s	ertation consulting for new and existing l) of corporation authorized in home state of address of Florida registered agent: (1)	country to be carried out in state of Florida)
Name:	Northwest Registered Agent LLC		
Office Address:	3111 W. Dr. MLK Blvd., STE 100-B10	80	
	Tampa	. Florida 33607	
	(City)	, Florida 33607 (Zip code)	
Having been nam designated in this further agree to c	application, I hereby accept the appoin	rvice of process for the above stated con ntment as registered agent and agree to s relative to the proper und complete pe position as registered agent.	act in this capacity.
	Thke	Dan Keen-Manager	

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.

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

A. DIRECTORS	
Chairman: John Reynolds	
Address: 23211 South Pointe Drive Laguna Hills, CA 92653	
Vice Chairman: Daryl Anderson	
Address: 23211 South Pointe Drive Laguna Hills, CA 92653	2 A
	PR 2
Director: Alyce Allen	SUS 6
Address: 23211 South Pointe Drive Laguna Hills, CA 92653	<u> ⊒7, </u>
	※ 2 2 2 3 3 3 3 3 3 3 3 3 3
Director: James Sternberg	
Address: 23211 South Pointe Drive Laguna Hills, CA 92653	
B. OFFICERS	
President: John Reynolds	
Address: 23211 South Pointe Drive Laguna Hills, CA 92653	
Vice President: James Sternberg	
Address: 23211 South Pointe Drive Laguna Hills, CA 92653	
•	
Secretary: Alyce Allen	
Address: 23211 South Pointe Drive Laguna Hills, CA 92653	
Treasurer: Alyce Allen	
Address: 23211 South Pointe Drive Laguna Hills, CA 92653	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	Vor directors.
(Signature of Director or Officer listed in number 12 of the application)	
14. Alyce Allen Secretary	
(Typed or printed name and capacity of person signing application)	

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Addendum

Listing of Additional Officers and Directors

HKA Elevator Consulting, Inc.

Director

Eugene Orrico III 23211 South Pointe Drive Laguna Hills, CA 92653

Vice President

Eugene Orrico III 23211 South Pointe Drive Laguna Hills, CA 92653

Chief Executive Officer

Daryl Anderson 23211 South Pointe Drive Laguna Hills, CA 92653 12 APR 26 PH 4: 25
SECRETARY OF STATE
TAIL AHASSEE, FLOOR

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State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

HKA ELEVATOR CONSULTING, INC.

FILE NUMBER:

C2041706

FORMATION DATE:

01/01/1999

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 April 24, 2012.

DEBDA POWEN

DEBRA BOWEN Secretary of State

NP-25 (REV 1/2007)

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