## Holland & Knight LLP 00 JUL 27 PM 4: 28 Requester's Name 315 S. Calhoun St., suite 600 Address Tallahassee, Fl. 32301 425-5675 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name (Document #) (Document #) (Document #) 4:00 ☐ Walk in Pick up time Certified Copy Mail out Will wait ☐ Photocopy Certificate of Status 1/2 **NEW FILINGS AMENDMENTS** Profit ☐ Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Mergerame Availability REGISTRATION/OUALIFICATIONING OTHER FILINGS IN THESE THE STATE OF THE STAT SHUTTAROUND BOUNDISIVING SHORT INC. Examiner tt. COPY. Foreign Gater R. AGENT.

Limited Partnership

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Reinstatement

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Fictitious Name Hd LZ 701 00



### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 28, 2000

**HOLLAND & KNIGHT** 

TALLAHASSEE, FL

SUBJECT: F.P. MANAGEMENT, INC.

Ref. Number: W00000018790

We have received your document for F.P. MANAGEMENT, INC. and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$96.25 payment.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr Corporate Specialist

Letter Number: 700A00041170

# TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations					
SUBJECT: F.P. Management of Iowa, Inc.					
(Name of corporation - must include suffix)					
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in F "Certificate of Existence", and check are submitted to register the above referenced foreign co to transact business in Florida.	Florida", rporation				
Please return all correspondence concerning this matter to the following:					
Carol L. Mitchell (Name of Person)					
(Name of Person)					
Davis, Brown, Koehn, Shors & Roberts, P.C.					
(Firm/Company)					
666 Walnut Street, Ste. 2500					
(Address)					
Des Moines, Iowa 50309-3993					
(City/State/Zip)					
Should you need to call someone concerning this matter, please call:					
Carol I. Mitchell at ( 515 ) 288-2500					
Carol L. Mitchell at (515) 288-2500 (Name of Person) (Area Code & Daytime Telephone Number)	,				
STREET ADDRESS: MAILING ADDRESS:					
Qualification/Tax Lien SectionQualification/Tax Lien SectionDivision of CorporationsDivision of Corporations409 E. Gaines St.P.O. Box 6327Tallahassee, FL 32399Tallahassee, FL 32314					
Enclosed is a check for the following amount:					
☐ \$70.00 Filing Fee	ate of Status &				

## 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. <u>F.P.</u>	Management of Lowa, Ir	nc.				
(Name of cor	poration; must include the word "I	NCORPORATED"	"COMPAN	Y" "CORPO	PATION" or	
"OLGS OF #DD!	icviations of like import in languag	ge as will clearly ind	icate that it i	s a corporation	m instead of a	
natural persor	n or partnership if not so contained	in the name at prese	ent.)	vorporano	instead of a	
2. Iow	<i>r</i> a	_	40	1507456		
(State or count	try under the law of which it is inc	ornomted)	42	1307456		Q Zs
	as and the law of which it is me	orporated)	(.	rei number,	if applicable)	Sice Sice
47/2	1/00	5. <u>P</u> e	erpetual		· =	
(D	rate of incorporation)	(Duration	: Year corp.	will cease to	exist or "perpetual")	ob JUL 27
6 7	/01 /00					90
(Date fir	est transacted business in Florida.)	(SEE SECTIONS 7	77 1501 605	11500		ORPORATION 4:
						F. AA
7. <u>400 Loc</u>	ust Street, Ste. 690					~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Dog Moi	nes, IA 50309-2331	<del>=</del> :			<u> </u>	& 5
_ Des MOI	(Current		i			
	(Current	mailing address)				
8. <u>Real Est</u>	tate Management		<u> </u>			
(Purpose	e(s) of corporation authorized in ho	ome state or country	to be carried	out in state o	f Florida)	<del></del> '
					•	
7. Name and St	reet address of Florida regist	ered agent: (P.O.	Box or Ma	ail Drop Box	NOT acceptable)	
Name:	CT Corporation System	m				
					ret 🕶	4
Office Address:	1200 South Pine Isla	nd Road			,	
	- · · · · · · · · · · · · · · · · · · ·					••
	Plantation	+ · · · · <del>sac</del>	Florida.	33324		
			(Zi	code)	- • • • •	
10 75			` •	,		
10. Registered	agent's acceptance:					
Manda - L.						
this application I	ed as registered agent and to acce	pt service of process	for the abo	ve stated corp	oration at the place d	esignated in
with the provisions	hereby accept the appointment as s of all statutes relative to the prop	registered agent an	d agree to a	ct in this cap	icity. I further agree	to comply
the obligations of i	my position as registered agent.				ind I am familiar with	t and accept
	Λ.	COMM	HE BRYA	W	City and Cit	
	X_ Consie	Buy SPECIA	4L ASSIST	ANT SECR	ETARY	
	(Registe	red ageot's signature	:)			
II. Attached is a co	ertificate of evictorian duly	و و و و و و و و و و و و و و و و و و و				
Department of State	ertificate of existence duly authent	icated, not more than	1 90 days pri	or to delivery	of this application to t	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.

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

√Chairman: _	Harry Bookey	
Vice Chairma		
Address:	<u> </u>	
Director:	Michael Rubin	20 Jan 20
Address:	5554 Wisconsin Avenue, Ste. 1265	-
	Chevy Chase, MD 20815	
Director:	Michael Golieb	
Address:	5653 Pacific Blvd., Ste. 2701	
B. OFFICE	Boca Raton, FT. 33433 CRS (Street address only - P.O. Box NOT accep	table)
President:	Harry Bookey	
Address:	400 Locust Street, Ste. 690	and the second s
	Des Moines, IA 50309-2331	
Vice President	: Michael Rubin	
		5
	Harry Bookey	
	400 Locust Street, Ste. 690	
	Des Moines, IA 50309-2331	-
Treasurer:		
Address:	400 Locust Street, Ste. 690	
	Des Moines, IA 50309-2331	
NOTE: If nec	cessary, you may attach an addendum to the application	listing additional officers and/or discourse
13.	CO Le	
· · · · · · · · · · · · · · · · · · ·	(Signature of Chairman, Vice Chairman, or any office	cer listed in number 12 of the application)
14. Har	ry Bookey , President	

\* \*, -- .

#### RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned <u>Harry Bookey</u>, do hereby certify that this Resolution of the Board of Directors of <u>F.P. Management</u>. <u>Inc.</u>, a corporation duly organized and existing under the laws of the State of <u>Iowa</u> was duly adopted on <u>July 27, 2000</u>:

BE IT RESOLVED, that F.P. Management, Inc., organized and existing in the State of Iowa, hereby adopts the name

F. P. MANAGEMENT OF IOWA, INC.

in the second of the second of

for use in Florida.

Dated: July 28, 2000

Harry Bookey, President

00 IIII 27 PM 4: 28



No. 00082711 Date: 07/25/2000

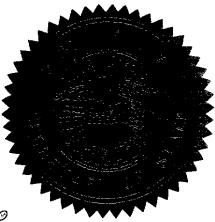
490 DP-000243168 DAVIS BROWN ET AL CAROL MITCHELL 666 WALNUT ST STE 2500 DES MOINES, IA 50309

## CERTIFICATE OF EXISTENCE

Name: F.P. MANAGEMENT, INC.

Begin date: 20000721 Expiration: PERPETUAL

I, CHESTER J. CULVER, secretary of state of the state of Iowa, custodian of the records of incorporations, certify that the corporation is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the secretary of state, and that articles of dissolution have not been filed.



huter a. hola CHESTER J. CULVER

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SECRETARY OF STATE