

F03000005504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

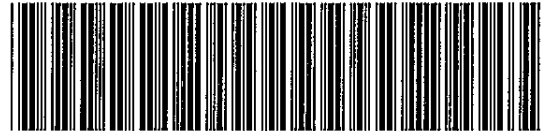
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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11/05/03--01001--003 **78.75

DIVISION OF CORPORATION

03 NOV -4 PM 2:56

RECEIVED

JSK

FILED
03 NOV -4 AM 9:21
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
NOV - 4 AM 9:21
TALLAHASSEE, FLORIDA

CONTACT: TRICIA TADLOCK

DATE: 11-04-03

REF. #: 0396.20879

CORP. NAME: SP COPPENBARGER INVESTMENTS, INC.

- | | | |
|---|---|--|
| ☐ ARTICLES OF INCORPORATION | ☐ ARTICLES OF AMENDMENT | ☐ ARTICLES OF DISSOLUTION |
| ☐ ANNUAL REPORT | ☐ TRADEMARK/SERVICE MARK | ☐ FICTITIOUS NAME |
| ☒ FOREIGN QUALIFICATION | ☐ LIMITED PARTNERSHIP | ☐ LIMITED LIABILITY |
| ☐ REINSTATEMENT | ☐ MERGER | ☐ WITHDRAWAL |
| ☐ CERTIFICATE OF CANCELLATION | | |
| ☐ OTHER: | | |

STATE FEES PREPAID WITH CHECK# 506658 FOR \$ 78.75.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| ☒ CERTIFIED COPY | ☐ CERTIFICATE OF GOOD STANDING | ☐ PLAIN STAMPED COPY |
| ☐ CERTIFICATE OF STATUS | | |

Examiner's Initials

**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. SP Coppenbarger Investments, Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware

(State or country under the law of which it is incorporated)

3. 20-0340118

(FEI number, if applicable)

4. October 24, 2003

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 7700 Square Lake Blvd., Jacksonville, FL 32256

(Principal office address)

15326 Alton Parkway, Irvine, CA 92618

(Current mailing address)

8. General partner in a homebuilding partnership

(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 or Mail Drop Box **NOT** acceptable)

Name: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

Tallahassee

(City)

, Florida 32301

(Zip code)

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.

NRAI Services, Inc.

By: C. Baclet, V.P.

(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:

A. DIRECTORS

Chairman: SEE RIDER ATTACHED

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE RIDER ATTACHED

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Clay A. Halvorsen, Assistant Secretary

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

**RIDER TO APPLICATION
BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

**OFFICERS AND DIRECTORS
OF
SP COPPENBARGER INVESTMENTS, INC.**

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

A. DIRECTORS

<u>Name</u>	<u>Address</u>
Stephen J. Scarborough	15326 Alton Parkway Irvine, CA 92618
Michael C. Cortney	15326 Alton Parkway Irvine, CA 92618
Andrew H. Parnes	15326 Alton Parkway Irvine, CA 92618

B. OFFICERS

<u>Name</u>	<u>Office</u>	<u>Address</u>
Ronnie D. Coppenbarger	President	7700 Square Lake Blvd. Jacksonville, FL 32256
Wolfe Jackson	Vice President, Secretary & Treasurer	7700 Square Lake Blvd. Jacksonville, FL 32256
Clay A. Halvorsen	Assistant Secretary	15326 Alton Parkway Irvine, CA 92618
Stephen J. Scarborough	Assistant Secretary	15326 Alton Parkway Irvine, CA 92618
Andrew H. Parnes	Assistant Treasurer	15326 Alton Parkway Irvine, CA 92618
John M. Stephens	Assistant Treasurer	15326 Alton Parkway Irvine, CA 92618
Lloyd H. McKibbin	Assistant Treasurer	15326 Alton Parkway Irvine, CA 92618

Delaware

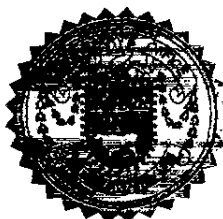
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SP COPPENBARGER INVESTMENTS, 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 THIRTIETH DAY OF OCTOBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SP COPPENBARGER INVESTMENTS, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3719753 8300

AUTHENTICATION: 2721739

030699110

DATE: 10-30-03