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March 22, 2004

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Coppenbarger Communities, Inc.

Filing Evidence

☒ Plain/Confirmation Copy

☐ Certified Copy

Type of Document

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

Retrieval Request

☐ Photocopy

☐ Certified Copy

File 1st

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

FILED
MAR 22 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, 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. **Coppenbarger Communities, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Delaware**

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

3. **20-0302127**

(FEI number, if applicable)

4. **October 14, 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. **Homebuilding**

(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.

Alison Hand, ASST sec
(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 attached rider**

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: **See attached rider**

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 Director or 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
COPPENBARGER COMMUNITIES, 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 and Treasurer	7700 Square Lake Blvd. Jacksonville, FL 32256
Ida Lou Stephens	Vice President	7700 Square Lake Blvd. Jacksonville, FL 32256
Lloyd H. McKibbin	Assistant Treasurer	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
Clay A. Halvorsen	Assistant Secretary	15326 Alton Parkway Irvine, CA 92618
Stephen J. Scarborough	Assistant Secretary	15326 Alton Parkway Irvine, CA 92618