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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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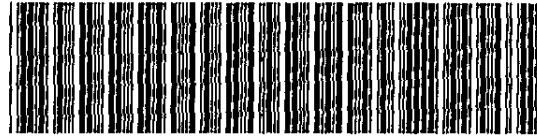
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CALBRO, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TOM SHANNON, CPA

(Name of Person)

TOM SHANNON, CPA, PC

(Firm/Company)

1568 N. WAKONDA ST

(Address)

FLAGSTAFF, AZ 86004

(City/State and Zip code)

For further information concerning this matter, please call:

AMANDA NELSON

(Name of Person)

at ( 928 ) 527-3700

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☒ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. CALBRO, 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. ARIZONA

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

3. 43-1820208

(FEI number, if applicable)

4. JANUARY 26, 2004

(Date of incorporation)

5. PERPETUAL

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

6. JULY 1, 2005

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2891 S W POND WAY, PALM CITY, FL 34990

(Principal office address)

2891 SW POND WAY, PALM CITY, FL 34990

(Current mailing address)

8. REAL ESTATE SALES

(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 NOT acceptable)

Name: ALISTAIR BROWN

Office Address: 2891 S W POND WAY

PALM CITY, FL 34990


(City)

, Florida 34999

(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.*



(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: ALISTAIR BROWN

Address: 2891 S W POND WAY  
PALM CITY, FL 34990

Vice Chairman: NONE

Address: \_\_\_\_\_

Director: NONE

Address: \_\_\_\_\_

Director: NONE

Address: \_\_\_\_\_

**B. OFFICERS**

President: ALISTAIR BROWN

Address: 2891 SW POND WAY  
PALM CITY, FL 34990

Vice President: NONE

Address: \_\_\_\_\_

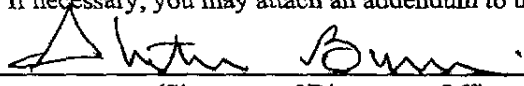
Secretary: ALISTAIR BROWN

Address: 2891 S W POND WAY, PALM CITY, FL 34990

Treasurer: ALISTAIR BROWN

Address: 2891 S W POND WAY, PALM CITY, FL 34990

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

13. X   
(Signature of Director or Officer listed in number 12 of the application)

14. ALISTAIR BROWN, PRESIDENT  
(Typed or printed name and capacity of person signing application)

# STATE OF ARIZONA



RECEIVED  
TALLAHASSEE, FLORIDA

## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Brian C. McNeil, Executive Secretary of the Arizona Corporation Commission, do hereby certify that

**\*\*\*CALBRO, INC.\*\*\***

a domestic corporation organized under the laws of the State of Arizona, did incorporate on January 26, 2004.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 6th Day of July, 2005, A. D.



EXECUTIVE SECRETARY

BY:

*Kayla Flake*