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FOREIGN PROFIT/NONPROFIT CORPORATION

CFA FINANCIAL SERVICES, INC.

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Electronic Filing Menu

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Help

H06000039668 3

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. CFA Financial Services, 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. Washington 3. 91-1637134
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/21/1994 5. Perpetual
(Date of incorporation) (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. 10715 Silverdale Way, Suite 201, Silverdale, WA 98383
(Principal office address)
10715 Silverdale Way, Suite 201, Silverdale, WA 98383
(Current mailing address)

8. Mortgage Lending
(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: 2731 Executive Park Drive, Suite 4
Weston, Florida 33331
(City) (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: Sabrina Tillapaugh
(Registered agent's signature)
Sabrina Tillapaugh, Asst. Secretary

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:

H06000039668 3

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H06000039668 3

A. DIRECTORS

Chairman: Carolyn Frame

Address: 10715 Silverdale Way, Suite 201

Silverdale, WA 98383

Vice Chairman: Charlie Frame

Address: 10715 Silverdale Way, Suite 201

Silverdale, WA 98383

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: Carolyn Frame

Address: 10715 Silverdale Way, Suite 201

Silverdale, WA 98383

Vice President: Charlie Frame

Address: 10715 Silverdale Way, Suite 201

Silverdale, WA 98383


Secretary: Carolyn Washington

Address: 10715 Silverdale Way, Suite 201, Silverdale, WA 98383

Treasurer: Walt Hannawacker, CEO

Address: 10715 Silverdale Way, Suite 201, Silverdale, WA 98383

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. Carolyn Frame, President
(Typed or printed name and capacity of person signing application)

H06000039668 3

H06000039668 3

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION
OF
CFA FINANCIAL SERVICES, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 1/21/1994.

I FURTHER CERTIFY that as of the date of this certificate. CFA FINANCIAL SERVICES, INC. remains active and has complied with the filing requirements of this office.

Date: February 8, 2006

UBI: 601-521-917

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State



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