F0700004682

(Requestor's Name) (Address) (Address)	500108969705		
(City/State/Zip/Phone #)	09/19/0701031019 **87.50		
PICK-UP WAIT MAIL	- 		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	07 SEP SECRE TALLAH		

Office Use Only

SECRETARY OF STATE

AND TO

COVER LETTER

	Filing Section ion of Corporations				
SUBJECT:	Residential Loss Control, Inc.				
SCD52CT.		corpor	ation - must inclu	ıde suffix)	
Dear Sir or M	ladam:				
"Certificate o	"Application by Foreign Corpo f Existence," and check are sub less in Florida.				
Please return	all correspondence concerning	this ma	tter to the follow	ing:	
Lindsay Iten					
		(Name	e of Person)		
Home Buyers	Warranty				
		(Firm/	(Company)		
10375 E. Harv	ard Ave., Suite 100				
		(A	ddress)		
Denver, CO 80	0231				
	(1	City/Sta	nte and Zip code)	•	
For further in	formation concerning this matt	er, pleas	se call:		
Lindsay Iten	at	(_720	747-6007		
(Nan	ne of Person)	(Ar	ea Code & Dayti	me Teleph	one Number)
New Divis Clifto 2661	EET/COURIER ADDRESS: Filing Section ion of Corporations on Building Executive Center Circle thassee, FL 32301		Nev Div P.O	w Filing Se	orporations 7
Enclosed is a	check for the following amoun	t:			_
\$70.00 Fili	ng Fee \$78.75 Filing Fe Certificate of S		\$78.75 Filing Certified Co		\$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.

(If name unavailable in	n Florida, enter alternate corporate name :	adopted for the purpose of transacting business in Florid
Colorado	1	
State or country under	the law of which it is incorporated)	(FEI number, if applicable)
09/07/2007	5	perpetual
(Date of in	corporation)	(Duration: Year corp. will cease to exist or "perpetual
Upon receipt of Certi	ficate of Status from Florida.	•
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	r Florida, if prior to registration) i02, F.S., to determine penalty liability)
10375 East Harvard A	venue, Suite 100, Denver, Colorado 8023	1
	(Principal office addr	ress)
10375 East Harvard A	Venue, Suite 100, Denver, Colorado 802.	31
• • • •		ountry to be carried out in state of Florida) D. Box NOT acceptable)
(Purpose(s) of c	orporation authorized in home state or co	
(Purpose(s) of c Name and street add Name:	corporation authorized in home state or co	
(Purpose(s) of c Name and street add Name:	orporation authorized in home state or co lress of Florida registered agent: (P.O CT Corporation System	D. Box NOT acceptable)
(Purpose(s) of c Name and street add Name:	orporation authorized in home state or co lress of Florida registered agent: (P.C CT Corporation System 1200 South Pine Island Road	
(Purpose(s) of c Name and street add Name: Office Address: O. Registered agent' Having been named as lesignated in this appointment agree to compi	corporation authorized in home state or co- liress of Florida registered agent: (P.O. CT Corporation System 1200 South Pine Island Road Plantation (City) s acceptance: s registered agent and to accept servicitation, I hereby accept the appointm	D. Box NOT acceptable) , Florida 33324, Code) ce of process for the above stated corporation at the content as registered agent and agree to act in this call the code of the proper and complete performance of
(Purpose(s) of c Name and street add Name: Office Address: O. Registered agent' laving been named assignated in this appointment agree to complete the comple	corporation authorized in home state or co- liress of Florida registered agent: (P.O. CT Corporation System 1200 South Pine Island Road Plantation (City) s acceptance: s registered agent and to accept service iteration, I hereby accept the appointment by with the provisions of all statutes re-	D. Box NOT acceptable) , Florida 33324, Code) ce of process for the above stated corporation at the content as registered agent and agree to act in this call the code of the proper and complete performance of

- 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 DIRI	ECTORS	SECR	17 SEP
	ECTORS	TASSET IN	9 1
		in _C :	-P
		ORIGINA	ख: 2:
Vice Cha	irman:	9'''	F.,4
Address:			
Director:	Em Fiuhr		
Address:	10275 F. Harriard Asia, Cuita 100, Danvier CO 90221		
Director:	John Svoboda		
Address:	10075 F H 14 G 'v 100 D CO 00031		
	(SEE ATTACHED FOR COMPLETE LIST OF DIRECTORS AND OFFICERS)		
B. OFF	John Syahada		
Address:	10375 E. Harvard Ave., Suite 100, Denver, CO 80231		
Vice Pres	sident: Em Fluhr (Vice-President Underwriting)		
Address:	10375 E. Harvard Ave., Suite 100, Denver, CO 80231		
Secretary	Alison Short		
Address:	10375 E. Harvard Ave., Suite 100, Denver, CO 80231		
Treasurer	Stephen Chafee		
Address:	10375 E. Harvard Ave., Suite 100, Denver, CO 80231		
NOTE:	If necessary/you may attach an addeddum to the application listing additional officers and/or	directors.	
	(Signature of Director or Officer listed in number 12 of the application) n Svoboda, President		
• • •	(Typed or printed name and capacity of person signing application)		

Residential Loss Control, Inc.

List of Directors & Officers

Directors:

Em Fluhr

10375 E. Harvard Ave., Suite 100 Denver, CO 80231

John Svoboda

10375 E. Harvard Ave., Suite 100 Denver, CO 80231

Mark Lewis

10375 E. Harvard Ave., Suite 100 Denver, CO 80231

Officers:

John Svoboda - President 10375 E. Harvard Ave., Suite 100 Denver, CO 80231

Alison Short – Secretary 10375 E. Harvard Ave., Suite 100 Denver, CO 80231

Stephen Chaffee - Treasurer 10375 E. Harvard Ave., Suite 100 Denver, CO 80231

Mark Lewis - Chief Financial Officer 10375 E. Harvard Ave., Suite 100 Denver, CO 80231

Em Fluhr – Vice President Underwriting 10375 E. Harvard Ave., Suite 100 Denver, CO 80231

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Mike Coffman, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Residential Loss Control, Inc.

is a Corporation

formed or registered on 09/07/2007 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20071412119.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/11/2007 that have been posted, and by documents delivered to this office electronically through 09/14/2007 @ 12:16:29.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 09/14/2007 @ 12:16:29 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6886413.



SECRETANT OF STATE

07 SEP 19 PH 3: 2

Secretary of State of the State of Colorado

*End of Certificate************************

Mike Colle

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/hiz/CertificateSearchCriteria.do entering the certificate is confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select 'Frequently Asked Questions.''