

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000167931 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6381

: CORPORATION SERVICE COMPANY Account Name

Account Number : I20000000195 Phone : (850) 521-1000

: (850) 558-1575 Fax Number

DIVISION OF CORPORATIO

FOREIGN PROFIT/NONPROFIT CORPORATION

VERITAGE MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

-	ilable in Florida, enter alternate corporate name ad	· · · · -	iness in Piorida)
Delaware		26-2918047	
	under the law of which it is incorporated)	(FEI number, if applicable	•)
6/25/2008		erpetual	195
(Dai	e or moorpurationy	Duration: Year corp. will cease to exist	or "perpensu")
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) I, F.S., to determine penalty liability)	
8171 Maple	Lawn Boulevard, Suite 375 Fulton	, MD 20759	
•	(Principal office address	•	
8171 Maple	Lawn Boulevard, Suite 375 Fulton	, MD 20759	
	(Current mailing address	3)	
•			
Property M	anagement		
		try to be carried out in state of Florida)	···········
(Ршрозе(s) of corporation authorized in home state or count	•	TAS 2
(Purpose)	s) of corporation authorized in home state or count et address of Florida registered agent: (P.O. E	•	208 SEC
(Ршрозе(et address of Florida registered agent: (P.O. E Corporation Service Company	•	SECRE!
(Purpose) Name and sire Name:	s) of corporation authorized in home state or count et address of Florida registered agent: (P.O. E	•	SECRETAR TALLAHASS
(Purpose) Name and sire Name:	et address of Florida registered agent: (P.O. E Corporation Service Company	Box <u>NOT</u> acceptable)	SECRETARY OF TALLAHASSEE
Name and size	et address of Florida registered agent: (P.O. E Corporation Service Company 1201 Hays Street	•	208 JUL -8 PM
(Purpose) Name and stree Name: Hose Address:	et address of Florida registered agent: (P.O. E Corporation Service Company 1201 Hays Street Tallahassee (City)	Box NOT acceptable)	SECRETARY OF STATE
(Purpose) Name: Name: Sice Address: Registered apping been name	et address of Florida registered agent: (P.O. E Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: ted as registered agent and to accept service to	Box NOT acceptable) , Florida 32301	SECRETARY OF STATEMENT OF STATE
(Purpose) Name: Name: Registered a ving been noming atted in this	et address of Florida registered agent: (P.O. E Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: and as registered agent and to accept service to application, I hereby accept the appointment	Box NOT acceptable) , Florida 32301, Code) of process for the above stated corput as registered agent and agree to as	et in this capacity
(Purpose) Name and stree Name: Tice Address: Registered as wing been noming the street of the st	et address of Florida registered agent: (P.O. E Corporation Service Company 1201 Hays Street Taliahassee (City) gent's acceptance: ted as registered agent and to accept service to application, I hereby accept the appointment omphy with the provisions of all statutes related.	Box NOT acceptable) , Florida 32301 (Zip code) of process for the above stated corput as registered agent and agree to unive to the proper and complete perfe	et in this capacity
(Purpose) Name: Name: Registered as wing been name signated in this ther agree to a familiar	et address of Florida registered agent: (P.O. E. Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: ted as registered agent and to accept service to application, I hereby accept the appointment omply with the provisions of all statutes relativished and accept the obligations of my position with and accept the obligations of my positions.	Box NOT acceptable) , Florida 32301 (Zip code) of process for the above stated corput as registered agent and agree to unive to the proper and complete perfe	et in this capacity
(Purpose) Name and stree Name: Mioe Address: Registered as a ving been name signated in this other agree to a d I am familiar	et address of Florida registered agent: (P.O. E Corporation Service Company 1201 Hays Street Taliahassee (City) gent's acceptance: ted as registered agent and to accept service to application, I hereby accept the appointment omphy with the provisions of all statutes related.	Box NOT acceptable) , Florida 32301 (Zip code) of process for the above stated corput as registered agent and agree to unive to the proper and complete perfe	ct in this capacity ormance of my di

^{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:
Address:
Vice Chairman:
Address:
,
District the second sec
Director:
Address:
Director:
Address:
B. OFFICERS
President / Secretary Christine A. Shreve
Address: 8171 Maple Lawn Boulevard, Suite 375
Fulton, MD 20759
Vice President: Mary C. Acker & Sandra I. Houen
Address: 8171 Maple Lawn Boulevard, Suite 375
Fulton, MD 20759
Secretary:
Address:
Address: 8171 Maple Lawn Boulevard, Suite 375, Fulton, MD 20759
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
White On the XU and a
(Signature of Director or Officer listed in number 12 of the application)
14. Christine A. Shreve, President
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VERITAGE MANAGEMENT, 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 SECOND DAY OF JULY, A.D. 2008.

4567175 8300

080730126

You may verify this saxtificate online at corp.delaware.gov/authwer.shtml

Varnet Smila Minden

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6704400

DATE: 07-02-08