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A16 Inc. Registration Kit S

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Florida Department of State
Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION

NLB FINANCIAL INC.

Certificate of Status	0
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November 2, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CSH SERVICES, LLC

SUBJECT: NLB FINANCIAL INC.
REF: W09000048610

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H09000231405
Letter Number: 109A00034516

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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. NLB FINANCIAL 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. CALIFORNIA

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

3. 26-1945702

(FEI number, if applicable)

4. 1/25/2008

(Date of incorporation)

5. PERPETUAL

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

6. UPON QUALIFICATION

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

7. 201 E GRAND AVE STE 2B, ESCONDIDO, CA 92025

(Principal office address)

201 E GRAND AVE STE 2B, ESCONDIDO, CA 92025

(Current mailing address)

8. To engage in any activity or business permitted under the laws of the State of Florida.

(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: NANCY LEE BRICKER

Office Address: 6944 LENNOX PL

BRADENTON

(City)

, Florida 34201

(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.

Nancy Lee Bricker

(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.

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TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORSChairman: NANCY LEE BRICKERAddress: 201 E GRAND AVE STE 2B, ESCONDIDO, CA 92025

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE FLORIDA**B. OFFICERS**President: NANCY LEE BRICKERAddress: 201 E GRAND AVE STE 2B, ESCONDIDO, CA 92025

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. Nancy Lee Bricker

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

14. NANCY LEE BRICKER, PRESIDENT

(Typed or printed name and capacity of person signing application)

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State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

NLB FINANCIAL INC.

FILE NUMBER: C3064435
FORMATION DATE: 01/25/2008
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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2009 NOV -2 A M: 54
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to exercise
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of October 29, 2009.

Debra Bowen

DEBRA BOWEN
Secretary of State