

Fax

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
GOODING & COMPANY, INC.**

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10 JAN 29 PM 3:22

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

T. Burch FEB 1 2010

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Gooding & Company, Inc

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California

3. 20-0256535

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

(FEI number, if applicable)

4. September 25, 2003

5. perpetual

(Date of incorporation)

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

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607 1501 & 607 1502, F.S., to determine penalty liability)

7. 1517 20th Street, Santa Monica, CA 90404

(Principal office address)

1517 20th Street, Santa Monica, CA 90404

(Current mailing address)

8. To engage in any lawful act or activity for which a corporation may be organized

(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: Jones Foster Service, LLC

Office Address: 505 South Flagler Drive, Suite 1100

West Palm Beach

(City)

, Florida 33401

(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: David Gooding

Address: 1517 20th Street

Santa Monica, CA 90404

Vice President: Morgan Carter

Address: 1517 20th Street

Santa Monica, CA 90404

Secretary: Dena G. Kaplan

Address: 1517 20th Street, Santa Monica, CA 90404

Treasurer: _____

Address: _____

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. David Gooding, President

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

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SECRETARY OF STATE
FALLABASE, FL 32004

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

GOODING & COMPANY, INC.

FILE NUMBER: C2557512
FORMATION DATE: 09/25/2003
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 January 28, 2010.

Debra Bowen

DEBRA BOWEN
Secretary of State