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SECRETARY OF SAME
TALLAHASSEE

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#### COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Cumbre, Inc.	
Name of corporation - must include suffix	_
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Cara L. Mose	
Name of Person	
ILSA	
Firm/Company	
P.O. Box 390 or 111 N. Railroad St.	
Address	_
Groesbeck, TX 76642	
City/State and Zip code	_
mike.holzman@cumbreinc.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:  Cara L. Mose  Name of Person  Area Code & Daytime Telephone Number  Area Code & Daytime Telephone Number	**** 
Cara L. Mose at (254 ) 729-6107	1000
Name of Person Area Code & Daytime Telephone Number	I
<u> </u>	d tare
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clother Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status Certified Copy \$87.50 Filing Fee, Certified Copy	s &

## 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.

	orporation; must include "INCORPORATE	D," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")	
(If name unavail	able in Florida, enter alternate corporate na	ne adopted for the purpose of transacting business in Florida)
California		<sub>3.</sub> 954019695
	under the law of which it is incorporated)	(FEI number, if applicable)
1/1/1986		5. Perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
	(Date first transacted busines	s in Florida, if prior to registration)
	(SEE SECTIONS 607 1501 & 607	.1502, F.S., to determine penalty liability)
	(SEE SECTIONS 007.1501 & 00.	· · · · · · · · · · · · · · · · · · ·
3333 Conc	•	• • •
3333 Conc	ours, Suite 5100, Ontario, C. (Principal office a	A 91764
	ours, Suite 5100, Ontario, C	A 91764 ddress)
	ours, Suite 5100, Ontario, C	A 91764 ddress)  CA 91764
	ours, Suite 5100, Ontario, C. (Principal office a cours, Suite 5100, Ontario,	A 91764 ddress)  CA 91764
3333 Cond	ours, Suite 5100, Ontario, C. (Principal office a cours, Suite 5100, Ontario, (Current mailing a	A 91764 ddress)  CA 91764
3333 Cond	ours, Suite 5100, Ontario, Content of Cours, Suite 5100, Ontario, Cours, Suite 5100, Ontario, Courrent mailing a lent Insurance Agency	A 91764  ddress)  CA 91764  ddress)
3333 Cond  Non-Resid	ours, Suite 5100, Ontario, Cours, Suite 5100, Ontario, Cours, Suite 5100, Ontario, (Current mailing a lent Insurance Agency)  s) of corporation authorized in home state of	A 91764  ddress)  CA 91764  ddress)
Non-Resid	ours, Suite 5100, Ontario, Content of Cours, Suite 5100, Ontario, Cours, Suite 5100, Ontario, Courrent mailing a lent Insurance Agency	A 91764  ddress)  CA 91764  ddress)
Non-Resid	ours, Suite 5100, Ontario, Cours, Suite 5100, Ontario, Cours, Suite 5100, Ontario, (Current mailing a lent Insurance Agency)  s) of corporation authorized in home state of	A 91764  ddress)  CA 91764  ddress)
Non-Resice (Purpose) Name and street	cours, Suite 5100, Ontario, Cours, Suite 5100, Ontario,  (Current mailing a lent Insurance Agency)  s) of corporation authorized in home state of the address of Florida registered agent: (Corporation Service Comp	A 91764  ddress)  CA 91764  ddress)  country to be carried out in state of Florida)  P.O. Box NOT acceptable)  any
Non-Resice (Purpose(s)  Name and street	ours, Suite 5100, Ontario, C.  (Principal office a cours, Suite 5100, Ontario,  (Current mailing a lent Insurance Agency s) of corporation authorized in home state of et address of Florida registered agent: (I	A 91764  ddress)  CA 91764  ddress)  country to be carried out in state of Florida)  P.O. Box NOT acceptable)  any
Non-Resic	cours, Suite 5100, Ontario, Cours, Suite 5100, Ontario,  (Current mailing a lent Insurance Agency)  s) of corporation authorized in home state of the address of Florida registered agent: (Corporation Service Comp	A 91764  ddress)  CA 91764  ddress)

#### 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)

Authorized

William M. Edrington Authorized Representative

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			
Chairman	Raymond R. Medina Sr.			
Address:	3333 Concours, Suite 5100			
,	Ontario, CA 91764			
Vice Chai	innan: Raymond R, Medina, Jr.			
Address:	3333 Concours, Suite 5100			
	Ontario, CA 91764			
Director:	Rafael A. Shoup			
Address:	3333 Concours, Suite 5100			
	Ontario, CA 91764			
Director:	Jeffrey S. Sharpshair, Michael J. Holzman			
Address:	3333 Concours, Suite 5100			
	Ontario, CA 91764			
B. OFF	ICERS			
President	Raymond R. Medina, Sr.			
Address:	3333 Concours, Suite 5100			
	Ontario, CA 91764	<u> </u>		
Vice Pres	sident: Jeffrey R. Sharpshair, Raymond R. Medina, Jr. Rafael A. Shoup		=	
Address:	3333 Concours, Suite 5100	AHA AE	JAN	- T
	Ontario, CA 91764	RY (	12	-
Secretary	Michael J. Holzman		AMI	<b>11</b>
-	3333 Concours, Suite 5100 Ontario, CA 91764	IATE DRID	<del></del> မ	** Egypen**
Treasurer	Defeat A. Chaus	دختی. -		
	3333 Concours, Suite 5100 Ontario, CA 91764			
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and	or direc	ctors.	
13	The state of the s			
are true a	Signature of Director or Officer cer or director signing this document (and who is listed in number 12 above) affirms that the and that he or she is aware that false information submitted in a document to the Departmen gree felony as provided for in s.817.155, F.S.			

14. Raymond R. Medina, Jr. / President

### State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CUMBRE, INC.

FILE NUMBER:

C1361562

FORMATION DATE:

01/02/1986

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

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 December 24, 2010.

> DEBRA BOWEN Secretary of State

> > **GNM**