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Office Use Only



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COVER LETTER

	ew Filing Sec ivision of Cor								
SUBJEC	T: Thorb	urn Asso	ciates Inc) .					
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Dear Sir o	r Madam:								
"Certificat	e of Existence		ate of Good S	tanding" an	ation to Transad d check are sub rida.				
Please retu	ırn all corresp	ondence conce	rning this mat	iter to the fo	llowing:				
Lisa Th	orburn								
			Name	of Person				- , , -	
Thorbu	urn Asso	ciates							
			Firm/C	ompany			ĭĀ.S	25	_
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LAT@T	A-Inc.com	1	City/State	e and Zip co	ode		FL08	AM II:	
			ess: (to be use	d for future	annual report r	notificatio	n)	93	_
For further	information	concerning this	s matter, pleas	e call:					
Lisa Th	orburn		at (510) 886-	-7826 Ext. 2	201			
N	ame of Person	n	Are	ea Code & D	Daytime Telepho	one Numl	ber	_	
Ne Di Cli 26	ew Filing Sect vision of Corp ifton Building	porations G Center Circle	ESS:		MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ection orporation 7			
Enclosed is	s a check for t	the following a	mount:						
\$70.00	0 Filing Fee		ling Fee & .e of Status	\$78.75 Certifie	Filing Fee & ed Copy	└┘Cer	7.50 Filin tificate of tified Co	of Statu	ıs &

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.

	Associates Inc.		" "COMPANY" "COPPORATION"	_
	of corporation; must include "INCORPORAT" "Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	
(If name unav	vailable in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting business in Florida)	-
2. California		3.	94-3155807	
(State or coun	try under the law of which it is incorporated)	•	(FEI number, if applicable)	-
4. April 1992	2	5.	Perpetual	
(E	Pate of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	•
6. <u>01/24/11</u>				_
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
_{7.} 20880 Ba	aker Road, Castro Valley, CA	94	546	
	(Principal office	add	ress)	•
PO Box	20399, Castro Valley, CA 94	15 _'	46	
	(Current mailing	add	ress)	-
Enginoo	ring		Cort	
8. Engineer	se(s) of corporation authorized in home state of		puntry to be corried out in state of Florida) (A.F.	. 17
(1 urpos	oc(s) of corporation authorized in nome state c	1 00	untry to be carried out in state of Florida)	-
9. Name and st	reet address of Florida registered agent: (P.C	D. Box NOT acceptable)	П
Name:	Angela Lapham		Box NOT acceptable)	
Office Address	8320 Riverside Dr. #4158 (Lot#	14	0A) 🗪 😘	
	Punta Gorda		, Florida 33982	
	(City)		(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.

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: Lisa Thorburn Address: PO Box 20399, Castro Valley, CA 94546 Vice Chairman: NA Address: __ Director: Steve Thorburn Address: PO Box 20399, Castro Valley, CA 94546 Director: Elva Lapham Address: 310 W. Wheaton, Clare, MI 48617 B. OFFICERS President: Lisa Thorburn Address: PO Box 20399, Castro Valley, CA 94546 Vice President: NA Address: Secretary: Steve Thorburn Address: PO Box 20399, Castro Valley, CA 94546 Treasurer: Lisa Thorburn Address: PO Box 20399, Castro Valley, CA 94546 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Lisa Thorburn

Additional Directors

Director:

Paul Lapham

310 W. Wheaton, Clare, MI 48617

Director:

Fern Thorburn

PO Box 423, Evart, MI 49631

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

THORBURN ASSOCIATES INC.

FILE NUMBER:

C1522892

FORMATION DATE:

03/30/1992

TYPE:

DOMESTIC CORPORATION

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

SECRETARY OF STAFE

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 May 03, 2011.

DEBRA BOWEN
Secretary of State