

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-1000 Fax Number : (850)558~1515

\*\*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 CARRAND COMPANIES, INC.

Certificate of Status	0
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Estimated Charge	\$1,178.75

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Corporate Filing Menu

Help

T. Burch JUN 22811



## COVER LETTER

TO: New Filing Section . Division of Corporations
SUBJECT: CARRAND COMPANIES, 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:
FELIX KUSHNIR
Name of Person
DICKSTEIN SHAPIRO LLP
Firm/Company
1825 EYE STREET, NW
Address
WASHINGTON, DC 20006
City/State and Zip code
kusbmirf@dicksteinshapiro.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Felix Kushnir at ( 202 ) 420-3326
Name of Person Area Code & Daytime Telephone Number
·
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center 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 Certificate Of Status Certificate Of Status

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under the law of which it is incorporated.

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

CARRAND O	OMPANIES, INC.			5.2
(Enter name of		ORPORATED,"	"COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate	corporate namé ao	dopted for the purpose of transacting business i	n Florida)
California		3. 9	95-3793398	57
(State or country	under the law of which it is inc	corporated)	(FE) number, if applicable)	
06/23/1982		5 5.	Perpetual	
. (Date	of incorporation)	•	(Duration: Year corp. will cease to exist or "pe	erpetual")
08/2007				
			Florida, if prior to registration) 2, F.S., to determine penalty liability)	
IONETE Autobili		7.1501 82 007.150	2, r.s., to determine penalty hability)	
1225 E. Artesia i	Boulevard, Carson, CA 90746	cipal office addres		
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Resident emplo	Soulovard, Catson, CA 90746 (Curr	ent mailing addre	,	
Resident emplo	Soulovard, Catson, CA 90746 (Curr	ent mailing addre	ntry to be carried out in state of Florida)	
Resident emplo	Gonlevard, Catson, CA 90746  (Curr  yee s) of corporation authorized in	ent mailing addre	ntry to be carried out in state of Florida)	
Resident emplo (Purpose(s	Gonlevard, Catson, CA 90746  (Curr  yee s) of corporation authorized in let address of Florida register	ent mailing addre	ntry to be carried out in state of Florida)	
Resident emplo (Purpose(s Name and street Name:	yee Son of corporation authorized in the address of Florida register  Corporation Service Company	ent mailing addre	ntry to be carried out in state of Florida)  Box NOT acceptable)	
Resident emplo (Purpose(s Name and street Name:	yee s) of corporation authorized in the address of Florida register Corporation Service Comparison Hays Street	ent mailing addre	ntry to be carried out in state of Florida)	
Resident employ (Purpose(s) Name and street Name: fice Address:  Registered against been names ignated in this other ugree to c d I am familiar	gent's acceptance:  acceptance:  acceptance:  application, I hereby acceptonally with the provisions of with and accept the abligate Corporation Service Company.	to accept service at the appointment of my positions of my positions of my positions	ntry to be carried out in state of Florida)  Box NOT acceptable) , Florida 32301	this capacity.
Resident employ (Purpose(s) Name and street Name: fice Address: Registered as twing been name signated in this ther agree to c d I am familiar	gent's acceptance:  et as registered agent and is application, I hereby accept with and accept the obligations of with and accept the obligations of with and accept the obligation.	to accept service at the appointment of my positions of my positions of my positions	ntry to be carried out in state of Florida)  Box NOT acceptable)  , Florida 32301 (Zip code)  to f process for the above stated corporation as registered agent and agree to act in ative to the proper and complete performation as registered agent.	this capacity.

12. Names and business address	ses of officers and/	or directors:						
A. DIRECTORS								
Chairman: See attached								
Address:	•							
			<del></del>	<del></del>				
Vice Chairman:								
Address:	<del> </del>			·		<u> </u>	3	
						<b>美洲</b>	_ن	
Director:						<b>82.5</b>		i
Address:						15 (gg		į
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Director:			· · · · · · · · · · · · · · · · · · ·			整剂_	<del>.</del>	
Address:							<del></del>	
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B. OFFICERS	•	•						
President: See attached								
Address:								
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Vice President:								
Address:								
					"		· · · · · ·	
Secretary:				- · · ·				
Address:				·		· ,		
Treasurer					,			
				·······				
Address:		ر ماد		1	37. 32			
NOTE: If necessary, you may	avacn/an addendam	to the applicati	ion iisting additi	onal officers an	a/or direc	tors.		
13.		re of Director o					•	
The officer or director signing that true and that he or she is away third degree felony as provided	are that false inform	nation submitted						

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

5/006

Carrand Companies, Inc.

Officers

64 # Hd 1- NNC (18)

NI PO

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CARRAND COMPANIES, INC.

FILE NUMBER:

C1151087

FORMATION DATE: TYPE:

06/23/1982 DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

SCORE JUN - 1 PM 4: 49

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 25, 2011.

DEBRA BOWEN
Secretary of State