

F/1000002816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

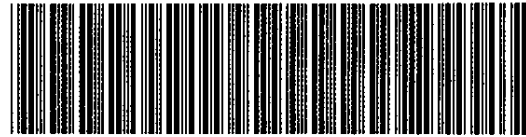
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/21/11--01024--028 \*\*96.25

RECEIVED  
11 JUL 11 PM 4:11  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K 07/12/11

W/1- 33859

*Attention:*

*Thomas Chang*  
*please contact me if you have any questions.*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

*Benisa Levin*  
*benisa@gmail.com*  
*809-9525*  
**RECEIVED**  
**11 JUL 11 PM 2:57**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 23, 2011

ROBERT S BOBOSKY  
6770 SW CANYON DR.  
PORTLAND, OR 97225

SUBJECT: LANDCASTER DEVELOPMENT CORPORATION  
Ref. Number: W11000033859

*qualifying to do business*

*My client told me that you needed my signature*

We have received your document for LANDCASTER DEVELOPMENT CORPORATION and your check(s) totaling \$96.25. However, the document has not been filed and is being retained in this office for the following:

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.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 011A00015230

*Per telephone call 6/28/11,  
attach original certificate from  
State of Washington + return*

*800  
352 2621  
Dept. of Revenue*

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Landcaster Development Corporation

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:

Robert S Bobosky

Name of Person

Landcaster Development Corporation

Firm/Company

6770 SW Canyon Dr

Address

Portland, OR 97225

City/State and Zip code

r.bobosky@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Bobosky

Name of Person

at ( 503 ) 292-8261

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

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**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. Landcaster Development Corporation

(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. Washington

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

3. 91-1048999

(FEI number, if applicable)

4. 10/09/1978

(Date of incorporation)

5. Perpetual

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

6. \_\_\_\_\_

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

7. 6770 SW Canyon Dr, Portland, OR 97225

(Principal office address)

6770 SW Canyon Dr, Portland, OR 97225

(Current mailing address)

8. Real Estate Investment

(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)

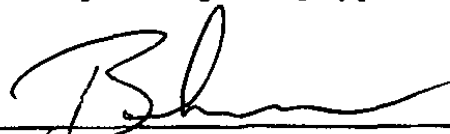
Name: Benisa Levin, PA

Office Address: 20283 State Rd 7, Ste 300

Boca Raton, Florida 33498  
(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 duty 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: Robert S Bobosky

Address: 6770 SW Canyon Dr  
Portland, OR 97225

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Robert S Bobosky

Address: 6770 SW Canyon Dr  
Portland, OR 97225

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. Robert S Bobosky  
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. Robert S Bobosky

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

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION**

**OF**

**LANDCASTER DEVELOPMENT CORPORATION**

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 10/9/1978.

I FURTHER CERTIFY that as of the date of this certificate, LANDCASTER DEVELOPMENT CORPORATION remains active and has complied with the filing requirements of this office.

Date: June 29, 2011

UBI: 601-421-691

FILED  
11 JUL 11 PM 4:11  
CLERK OF THE STATE  
TALLAHASSEE, FLORIDA



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

*Sam Reed*

Sam Reed, Secretary of State