F/1000004737

(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:
Special instructions to Filing Officer.
·

Office Use Only



700214349347

11/21/11--01025--028 **87.50

11 NOV 21 PH 5: 04
SECRETARY OF STATE

X 11/25/11

COVER LETTER

	ng Section of Corporations				
SUBJECT: S	ettle Appraisal Ser	vices, Inc			
			st include suffix		
Dear Sir or Mada	m:				
"Certificate of Ex	oplication by Foreign Corpor tistence," or "Certificate of C foreign corporation to transa	Good Standing'	and check are subn		
Please return all	correspondence concerning th	nis matter to th	e following:		
Patricia L S	ettle Miller				
		Name of Perso	n	_	
Settle App	raisal Services, Inc	,			
	Ī	Firm/Company			
12337 Witt	Road				
Poway, Cal	ifornia 92064	Address			
	Ci	ty/State and Zi	p code		
tsettle@settl	eappraisal.com				
	E-mail address: (to	be used for fu	ture annual report no	otification)	
For further inform	nation concerning this matter	, please call:			
Patricia Sett	le Miller at (888) 3	39-7227		
Name of			& Daytime Telepho	ne Number	
New Fili Division Clifton B 2661 Exe	r/COURIER ADDRESS: ng Section of Corporations uilding ecutive Center Circle nee, FL 32301		MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a che	ck for the following amount:				
\$70.00 Filin	g Fee \$78.75 Filing Fee Certificate of Sta	e & S78 atus Cer	.75 Filing Fee & tified 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.

(Enter name of c	sal Services, Inc. corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ΈD	," "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate n	ame	adopted for the purpose of transacting business in Florid	<u>a)</u>
California	•		47-0850480	•
	under the law of which it is incorporated)	_ J.	(FBI number, if applicable)	_
February 7,	2002	5.	Perpetual	
(Date	e of incorporation)		(Duration: Year corp. will cease to exist or "perpetual"	ຶ່ງ
-				
			in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
12337 Witt	Road Poway, CA 92064			
12001 1111	(Principal office	ado	iress)	_
Same as a	ibove			
	(Current mailing	ado	fress)	
	Mangement	~	ountry to be carried out in state of Florida)	_
•			<u></u>	
Name and street	et address of Florida registered agent:	(P.¢	O. Box NOT acceptable)	=======================================
Name:	NRAI Services, Inc.			PO P
fice Address:	515 East Park Aven	ué	2 9	11 NOV 21
1100 / 1001005.			me to make	
	Tallahassee (City)		, Florida 3230 Fig. (Zip code) Fig. (Zip code)	3
	(0.13)		PA.	: :
. Registered a	gent's acceptance:	· epu	क्यानी ice of process for the above stated corporation at th	
signated in this	application, I hereby accept the appo	int	ment as registered agent and agree to act in this ca	pacity.
riher agree to c d I am familia	comply with the provisions of all status with and accept the obligations of m	tes i v pe	relative to the proper and complete performance of osition as registered agent.	my duti
-	IRAI Services, Inc.		<u>-</u>	
7	oy: Kindoly Klemon (Registered agent's signal	ture')	
	Lindsov Klomonolo, Accietant			

Lindsey Klemencic, Assistant Secretary

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: Kenneth P Miller			
Address: 12337 Witt Road			,
Poway, CA 92064			
Director:			
Address:		<u>4</u>	
		S.	THE STATE OF THE S
B. OFFICERS	8	2	COMMUNICATION CO.
President: Patricia L Settle Miller	<u> </u>	70	
Address: 12337 Witt Road	E OF A	ည်၊	Parent
Poway, CA 92064	m m	- t	
Vice President:		<u></u> -	
Address:			
Secretary:			
Address:			
Treasurer:			
Address:			
NOTE: If necessary you may attach an addendam to the application listing additional of	officers and/or direc	ctors.	
13. Latteris The Mille			
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affare true and that he or she is aware that false information submitted in a document to the third degree felony as provided for in s.817.155, F.S.	irms that the facts s Department of Star	tated i	herein stitutes a

14. Patricia L Settle Miller President
(Typed or printed name and capacity of person signing application)

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SETTLE APPRAISAL SERVICES, INC.

FILE NUMBER:

C2287284

FORMATION DATE:

02/07/2002

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

THE PASSINE THE STATE OF STATE

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 September 06, 2011.

DEBRA BOWENSecretary of State